| Schedule E) | PAGE 1 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| | M M / D D / Y Y Y Y |
| Check if 24-hour report 48-hour report New report Amends | report filed on |
| Full Name of Payee Michael D English | Date of Public Distribution/Dissemination |
| | 11 02 2014 |
| Mailing Address F4 Benton Ave Apt 4 | Amount |
| City State Zip Code | 60.00 |
| Searcy AR 72149 | Transaction ID: d460d99f-455b-4b95-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 11 02 7 2014 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppos | se President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 280777.85 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| Full Name of Payee Michael D English | Date of Public Distribution/Dissemination |
| | 11 02 / Y Y Y Y Y |
| Mailing Address F4 Benton Ave Apt 4 | Amount |
| City State Zip Code | 29.10 |
| Searcy AR 72149 | Transaction ID: 07cb3953-8ec7-4fb8-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type | 002 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Mr. Mark L Pryor Oppos | se President X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 280777.85 | Disbursement For: Primary ☐ General 2014 Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 89.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······ > |
| (c) TOTAL Independent Expenditures | ······· > |
| Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Signature | Date 11 05 2014 |
| gs | |

| Schedule E) | EXI END | TOTILO | | PAGE 2 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------------|-------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Brenda L McCune | | | M | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount | 03 2014 |
| City | State | Zin Codo | | 60.00 |
| Conway | AR | Zip Code 72032 | | ion ID : 5a9517df-3a03-448a-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | W / D D / Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , 2 | 80777.85 | Disbursement For 2014 Othe | or: Primary X General r (specify) ▶ |
| Full Name of Payee Brenda L McCune | | | M | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount | 03 2014 |
| City | State | Zip Code | | 32.70 |
| Conway | AR | 72032 | | on ID : aa3b23e8-e6c3-4c6f-b Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , | 280777.85 | Disbursement F 2014 Othe | or: |
| (a) SUBTOTAL of Itemized Independent Expenditure | s | | . | 92.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | ıres | | · · | |
| (c) TOTAL Independent Expenditures | | | - | |
| (v) TOTAL INdependent Expenditures | | | <u> </u> | 7 7 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a | te or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 05 2014 |
| Jigilatule | | | | |

| Schedule E) | OEI ENOEN | 101120 | | PAGE 3 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|--------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48- | hour report New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Katelyn Stringer | | | | olic Distribution/Dissemination |
| Mailing Address 2134 Oxford Dr | | | 11 | 03 / 2014 |
| | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Salina | KS | 67401 | | n ID: b0f668ea-fc10-4dbf-8 bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 48067.91 | Disbursement For: 2014 Other (| Primary |
| Full Name of Payee | | | Date of Pu | blic Distribution/Dissemination |
| Katelyn Stringer | | | M M M | 03 2014 |
| Mailing Address 2134 Oxford Dr | | | Amount | |
| | | | 7 tilloditt | |
| City Salina | State KS | Zip Code 67401 | Transaction | 2.66 ID : a5f242d5-e3cd-4069-a |
| | - NO | 07401 | | sbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For 2014 Other | Primary |
| | | | | |
| (a) SUBTOTAL of Itemized Indepen | dent Expenditures | | → | 52.66 |
| (b) SUBTOTAL of Uniternized Indep | endent Expenditures | | • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditure | es | | > | 7 1 7 1 7 |
| Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party of | of, any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electroni | ically Filed] Date | 9 11 05 | |
| Signature | | | | |

| Schedule E) | VI EXI END | ITOTILO | | PAGE 4 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------------|----------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Kenny Wallis | | | | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 6412 Osage Dr | | | Amoun | t |
| City | State | Zip Code | | 80.00 |
| North Little rock | AR | 72116 | | ction ID : 0cad80ad-373c-4144-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | Presider | |
| Calendar Year-To-Date Per Election for Office Sought | , , , , , | 280777.85 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Kenny Wallis | | | | 11 03 / 2014 |
| Mailing Address 6412 Osage Dr | | | Amoun | t |
| City | State | Zip Code | | 14.10 |
| North Little rock | AR | 72116 | | tion ID : 9bdec283-0b24-4f8f-9 f Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presider | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 280777.85 | Disbursement 2014 Oth | For: Primary X General ner (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 94.10 |
| , | | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | . • | 45 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / | 05 / 2014 |
| Signaturo | | | | |

| Schedule E) | EXI END | TOTILO | | PAGE 5 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends rep | port filed o | on Mam / Dad / Yayayay |
| Full Name of Payee Mry S Everly | | | | Date of Public Distribution/Dissemination |
| Mailing Address 787 N 1851 Diagonal Rd | | | | 11 03 2014 |
| | | | | Amount |
| 1 ' | tate | Zip Code | | 20.00 |
| Lecompton | KS | 66050 | | Transaction ID: 9b8cce76-e863-490d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 00 | 1 | 11 03 7 2014 |
| Name of Federal Candidate | | Support | Office | Sought: House District: 00 |
| Mr. Greg Orman | | X Oppose | | President State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 48067.91 | Disbur 2014 | sement For: Primary General Other (specify) ▶ |
| Full Name of Payee | | | | Date of Public Distribution/Dissemination |
| Mry S Everly | | | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 787 N 1851 Diagonal Rd | | | | |
| | | | | Amount |
| ' | State | Zip Code | | 18.00 |
| | KS | 66050 | | Transaction ID: e8b1f794-a09a-40fd-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 2 | 11 / 03 / 2014 |
| Name of Federal Candidate | | Support | Office | Sought: House District: 00 |
| Mr. Greg Orman | | X Oppose | | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbur 2014 | rsement For: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | ···· ▶ | 38.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | S | | ···· > | |
| (c) TOTAL Independent Expenditures | | | ···· • | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized | | | |
| Ms. Emily Buchanan | [Electroni | ically Filed] Da | ite 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | _ | |

| Schedule E) | INT EXICID | ITORES | <u> </u> | PAGE 6 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|------------------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | Сс | 00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee James Kindstedt | | | M = M / | Distribution/Dissemination |
| Mailing Address 5510 Dogwood Dr | | | Amount | 03 2014 |
| Cit. | Ctata | Zin Codo | | 24.70 |
| City Winston Salem | State NC | Zip Code 27105 | | 31.70 : 47a25ed5-1ce5-47a8-b sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 11 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee James Kindstedt | | | M = M / | Distribution/Dissemination |
| Mailing Address 5510 Dogwood Dr | | | Amount | 03 2014 |
| City | State | Zip Code | | 11.67 |
| Winston Salem | NC | 27105 | | : 570eeebc-2dcd-42d6-a sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 1092082.37 | Disbursement For: 2014 Other (spe | Primary |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | • | 43.37 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | • | |
| | | | 4 | 7- 1- 4- |
| (c) TOTAL Independent Expenditures | | | > | 4 4 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 05 | 2014 |
| Signature | | | | |

| Schedule E) | INT EXILID | ITOTILO | | PAGE 7 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee Judith A Murphy | | | | of Public Distribution/Dissemination |
| Mailing Address PO Box 37 | | | Amou | 11 03 2014 |
| | | | Amou | |
| City | State | Zip Code | | 10.00 |
| East Bend | NC | 27018 | | action ID: f1cf928a-4ab3-4c47-a of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursemen 2014 O | t For: Primary ⊠ General ther (specify) ▶ |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Joanna Kindstedt | | | IV | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2134 Tobaccoville Rd | | | Amou | nt |
| City | State | Zip Code | - | 31.70 |
| Rural Hall | NC | 27045 | | oction ID: 9466ffb5-5647-4179-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | TV | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Kay Hagan | | Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | · · · · · · · | 1092082.37 | Disbursemen 2014 O | t For: |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | . | 41.70 |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | . — | |
| (c) con a comemical maspendent Expen | | | • | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | | |

| Schedule E) | IVI EXI END | ITORES | | PAGE 8 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|----------------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Camille N Yearry | | | Date of Public | c Distribution/Dissemination |
| Mailing Address 2025 NE 67th St | | | Amount | 03 2014 |
| | | | | |
| City Gladstone | State MO | Zip Code 64118 | | 35.00 ID : 2ced63df-16e2-4408-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbu | ursement or Obligation 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 280777.85 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Camille N Yearry | | | 11 11 | 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2025 NE 67th St | | | Amount | |
| City | State | Zip Code | | 15.96 |
| Gladstone | МО | 64118 | | D: f806adac-1c99-49c5-a ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | - y - 1 - y | 280777.85 | Disbursement For: 2014 Other (sp | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditu | ures | | | 50.96 |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | . > | |
| | | | 4 | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 / 05 | 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Josiah B Beal | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
| | Mailing Address 2927 SW Hopkins Switch Rd | Amount |
| | City State Zip Code | 40.00 |
| | El Dorado KS 67042 | Transaction ID: 478e2182-fdbf-441f-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 248067.91 | orsement For: Primary |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Shantal C Culbreath | M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 |
| | Mailing Address 4691 Hercules Lane | Amount |
| | City State Zip Code | 60.00 |
| | Woodbridge VA 22193 | Transaction ID: 06196a86-7988-4664-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbute 233263.10 | ursement For: |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 100.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |

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| Sche | dule E) | // L | | | | | PAGE 10 OF 134 FOR SE OF FORM 24/48 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|------------|--------------------|-----------------------|----------------------------------------------------|
| | OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| Won | nen Speak Out PAC | | | | | С | C00530766 |
| Check i | if 24-hour report 48-hour report | New repo | ort Am | nends repo | ort filed on | M = M / | / D = D / Y = Y = Y |
| | I Name of Payee achariah T Beal | | | | Date | М – М | c Distribution/Dissemination |
| Mai | iling Address 2927 SW Hopkins Switch Rd | | | | Amo | 11 ount | 03 2014 |
| City | v Stat | te | Zip Code | | - | | 40.00 |
| | Dorado KS | | 67042 | | | | ID: 9ceaece1-c895-4757-a ursement or Obligation |
| | rpose of Expenditure alary | | Category/ Type | 001 | | M M 11 | 03 2014 |
| Nar | me of Federal Candidate | | <u>' , , , , , , , , , , , , , , , , , , ,</u> | Support | Office Sou | aht: | House District:00 |
| Mr | C. Greg Orman | | | Oppose | Pres | | Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 248067.91 | | Disburseme 2014 | ent For: Other (sp | Primary |
| Z: | Name of Payee achariah T Beal | | | | Date | e of Publi | ic Distribution/Dissemination |
| Ма | alling Address 2927 SW Hopkins Switch Rd | | | | Ame | ount | |
| City | y Sta | te | Zip Code | | | | 10.50 |
| _ | Dorado KS | S | 67042 | | | | D : 1ba2a1e8-a3ed-45b5-a ursement or Obligation |
| | rpose of Expenditure ileage | | Category/ Type | 002 | | 11 M | 03 2014 |
| | me of Federal Candidate | | | Support | Office Sou | ght: | House District: 00 |
| Mr — | r. Greg Orman | | X | Oppose | Pres | ident | Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought | | 248067.9 | 1 | Disbursem 2014 | ent For: Other (sp | Primary X General |
| (a) : | SUBTOTAL of Itemized Independent Expenditures | | | | • [| | 50.50 |
| (b) \$ | SUBTOTAL of Unitemized Independent Expenditures. | · | | | | | |
| (c) - | TOTAL Independent Expenditures | | | | • | | |
| with, | er penalty of perjury I certify that the independent ex, or at the request or suggestion of, any candidate or y committee) any political party committee or its agent | authorized | | | | | |
| _ | Ms. Emily Buchanan | [Electron | ically Filed] | Date | 11 | / 05 | 2014 |
| S | Signature | | | | | | |

| Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC 23215 Purpose of Expenditure Salary Name of Federal Candidate State Per Election for Office Sought 1092082.37 Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Support Office Sought President Senate State: NC 2014 Amount 11 03 2014 Amount Transaction ID : 1d311845-8539-40f6-a Date of Disbursement or Obligation President Senate State: NC 2014 Other (specify) ▶ Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC 23215 Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation | | idic L) | | | | | FOR SE OF | FORM 24/48 |
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| C C Co0530766 Check if 24-hour report | | | | | | FEC | IDENTIFICATI | ON NUMBER ▼ |
| Full Name of Payee Lori Anderson Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Disbursement Disbur | vvon | nen Speak Out PAC | | | | С | C00530766 | |
| Mailing Address 7214 Duchamp Dr | Check i | f X 24-hour report 48-hour report New report | ort Ar | nends repo | ort filed on | M = M | / D D / | Y - Y - Y - Y |
| Mailing Address 7214 Duchamp Dr City State Zip Code So.00 Charlotte NC 23215 Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Support Office Sought House District: O0 Ms. Kay Hagan Office Sought 1092082.37 Calendar Year-To-Date Per Election for Office Sought 111 03 2014 Amount Solution Type O01 Transaction ID: 1d311845-9539-40f6-a Date of Disbursement or Obligation Office Sought: House District: O0 President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1092082.37 City State Zip Code Charlotte NC 23215 City State Zip Code Transaction ID: 1d310540-008-4888-b Date of Disbursement or Obligation Office Sought: NC 23215 Transaction ID: 1d311845-9539-40f6-a Date of Disbursement For: Primary General Category No October 111 03 03 12014 Amount Amount State: NC 2014 Amount State: NC 2014 Amount Office Sought: No October 111 03 03 12014 Amount State: NC 2014 Amount Office Sought: No October 111 03 03 12014 Amount State: NC 2014 Amount Office Sought: No October 111 03 03 12014 Amount State: NC 2014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No October 111 03 03 12014 Amount Office Sought: No Octo | Full | Name of Payee | | | Da | te of Pul | blic Distribution | /Dissemination |
| City State Zip Code NC 23215 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought City State Zip Code Charlotte NC 23215 Calendar Year-To-Date Purpose of Expenditure City State Zip Code Charlotte NC 23215 Date of Disbursement For: Primary General Candidate NC 23215 Transaction ID: 1d311845-8539-40f6-a Date of Disbursement For: NC | Lo | orri Anderson | | | | | | 2014 |
| Charlotte NC 23215 Purpose of Expenditure Salary Name of Federal Candidate NS, Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LOTri Anderson Mailing Address 7214 Duchamp Dr City State NC Calendor Year-To-Date Purpose of Expenditure NC Category/ Type On Transaction ID: 1d311845-8539-4016-a Date of Disbursement or Obligation President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LOTri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC C3215 Purpose of Expenditure Mileage Category/ Ms, Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 1d311845-8539-4016-a Date of Disbursement or Obligation Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Candidate Support Ms, Kay Hagan Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought 1092082:37 Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Office Sought: House District: On President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Public Distribution/Dissemination Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d341845-8539-4016-a Date of Public Distribution/Dissemination Disbursement For: Primary Oppose Transaction ID: 1d3 | Mai | ling Address 7214 Duchamp Dr | | | Am | ount | | |
| Charlotte NC 23215 Purpose of Expenditure Salary Name of Federal Candidate NS, Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LOTri Anderson Mailing Address 7214 Duchamp Dr City State NC Calendor Year-To-Date Purpose of Expenditure NC Category/ Type On Transaction ID: 1d311845-8539-4016-a Date of Disbursement or Obligation President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Full Name of Payee LOTri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC C3215 Purpose of Expenditure Mileage Category/ Ms, Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 1d311845-8539-4016-a Date of Disbursement or Obligation Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Candidate Support Ms, Kay Hagan Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought 1092082:37 Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Disbursement For: Disbursement For: Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Office Sought: House District: On President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d311845-8539-4016-a Date of Public Distribution/Dissemination Disbursement For: Primary Calendar Year-To-Date Per Election for Office Sought Oppose Transaction ID: 1d341845-8539-4016-a Date of Public Distribution/Dissemination Disbursement For: Primary Oppose Transaction ID: 1d3 | City | State | Zin Code | | — г | | | 50.00 |
| Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State NC Category/ Name of Federal Candidate NC Category/ Mailing Address 7214 Duchamp Dr City State NC Category/ Name of Federal Candidate NS Name of Federal Candidat | | | • | | | | | 5-8539-40f6-a |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte Purpose of Expenditure Mileage Category/ Ms. Kay Hagan Ms. Category/ M | | | | | | M = M | / D D / | YYYY |
| Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC | Nar | ne of Federal Candidate | | Support | Office Sou | ught: | House | District: 00 |
| Per Election for Office Sought Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State NC 23215 Purpose of Expenditure Mileage NC Category/ Type Og Transaction ID: fdb40540-d0c8-4a88-b Date of Public Distribution/Dissemination Transaction ID: fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Transaction ID: fdb40540-d0c8-4a88-b D | Ms | . Kay Hagan | | | | | | NO |
| Full Name of Payee Lorri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC 23215 Purpose of Expenditure Mileage Category/ Tiype 002 NS. Kay Hagan Support Office Sought Senate State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica with request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica with request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica with request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica without processing the process of t | | 4.0 | 92082.37 | 7 | | ı | | General |
| Lorri Anderson Mailing Address 7214 Duchamp Dr City State Zip Code Charlotte NC 23215 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Support Office Sought: House District: 00 Ms. Kay Hagan Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 1092082.37 (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 1092082.37 (b) SUBTOTAL of Unitemized Independent Expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either or agent of either or (if the reporting entity is not a political committee or agent of either or (if the reporting entity is not a political c | _ | | 1 1 0 | | | Other (| (specify) ► | |
| Mailing Address 7214 Duchamp Dr City State Zip Code NC 23215 Purpose of Expenditure NC 23215 Name of Federal Candidate Support Ms. Kay Hagan Support Per Election for Office Sought 1092082.37 Calendar Year-To-Date Per Election for Office Sought 1092082.37 (a) SUBTOTAL of Itemized Independent Expenditures 1092082.37 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica with contact and politica states. Amount 3.90 Transaction ID : fdb40540-d0c8-4a88-b Date of Disbursement or Obligation 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | Da | M = M | / D D / | Y Y Y Y Y Y |
| Charlotte NC 23215 Transaction ID: fdb40540-d0c8-4a88-b Date of Disbursement or Obligation Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political point of the political political part of either, or (if the reporting entity is not a political political part of either, or (if the reporting entity is not a political political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either, or (if the reporting entity is not a political part of either.) | Ma | iling Address 7214 Duchamp Dr | | | An | | 03 | 2014 |
| Purpose of Expenditure Mileage Date of Disbursement or Obligation Markey Hagan | City | State | Zip Code | | — Г | | | 3.90 |
| Purpose of Expenditure Mileage Name of Federal Candidate | Ch | parlotte NC | 23215 | | Tra | nsaction te of Dis | ID: fdb40540 sbursement or | -d0c8-4a88-b Obligation |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary General 2014 Other (specify) ▶ | | • | | | | M = M | / D D / | YYYY |
| Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee) | Nai | ne of Federal Candidate | | Support | Office So | ught: | House | District:00 |
| Per Election for Office Sought 1092082.37 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures | Ms | . Kay Hagan | X | Oppose | Pre | sident | Senate | State: NC |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | 1092082.3 | 37 | | 1 | | y X General |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political | (a) \$ | SUBTOTAL of Itemized Independent Expenditures | | | | | <i>-</i> | 53.90 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political | (b) \$ | SUBTOTAL of Unitemized Independent Expenditures | | | | | · · · · · | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political | (c) 1 | TOTAL Independent Expenditures | | | . • | | 7 | |
| | with, | or at the request or suggestion of, any candidate or authorized | | | | | | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 05 2014 | | | ically Filed] | Date | | | | |
| Signature | S | ignature | | 2310 | | | | |

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| | meduic L) | FOR SE OF FORM 24/48 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if Z 24-hour report 48-hour report New report Amends report filed | i on Mam / Dab / Yayayay |
| ٦ | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Kolbe J Peloquin | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 623 Union Park Circle | Amount |
| | City State Zip Code | 50.00 |
| | Colwich KS 67030 | Transaction ID : dc8ed615-a080-4a50-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President Senate State: KS |
| | 04007.04 | ursement For: Primary X General |
| | Per Election for Office Sought 248067.91 2014 | U Other (specify) ▶ |
| | Full Name of Payee Kolbe J Peloquin | Date of Public Distribution/Dissemination |
| | Mailing Address 623 Union Park Circle | 11 03 2014 Amount |
| | City State Zip Code | 18.90 |
| | Colwich KS 67030 | Transaction ID : f3c2e763-6eba-4b35-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 / Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 68.90 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | (77) (* 11 77) 11 | 11 05 2014 |
| | Signature | |
| | | |

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OF

| Schedule E) | I LAFLIND | ITONES | | PAGE 13 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|----------------------------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Hannah J Landry | | | M = M | lic Distribution/Dissemination |
| Mailing Address 1110 N Coolidge | | | Amount | 03 2014 |
| City | State | Zip Code | | 45.00 |
| Gonzales | LA | 70737 | Transaction | ID : b88a80b4-c70b-45cc-9 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disc | oursement or Obligation 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee | | | Date of Pub | lic Distribution/Dissemination |
| Hannah J Landry | | | M = M | 03 / 2014 |
| Mailing Address 1110 N Coolidge | | | Amount | |
| City | State | Zip Code | | 20.40 |
| Gonzales | LA | 70737 | | ID: b93ab6fe-59e3-486b-b oursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 M | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 233263.10 | Disbursement For: 2014 Other (s | Primary ⊠ General specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditure | 9S | | • • • • • • • • • • • • • • • • • • • | 65.40 |
| (b) SUBTOTAL of Unitemized Independent Expendit | uroc | | | |
| (b) SOBTOTAL OF OTHER HIZER INDEPENDENT EXPENDIT | ures | | • • | 4 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 11 05 | 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Mary C Lee | 11 03 7 2014 |
| | Mailing Address 1030 N Coolidge Ave | Amount |
| ŀ | City State Zip Code | 45.00 |
| | Gonzales LA 70737 | Transaction ID: 5263ace2-c3f2-4f33-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 / 2014 |
| Ī | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary |
| ľ | Full Name of Payee Mary C Lee | Date of Public Distribution/Dissemination |
| - | Mailing Address 1030 N Coolidge Ave | Amount |
| ŀ | City State Zip Code | 20.40 |
| | Gonzales LA 70737 | Transaction ID: 4a177407-b924-43c7-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| ľ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rrsement For: Primary X General Other (specify) ▶ |
| (| a) SUBTOTAL of Itemized Independent Expenditures | 65.40 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| c) TOTAL Independent Expenditures | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

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OF

| | | | | FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|--------------------|---------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour repor | rt New rep | ort Amends rep | ort filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date | e of Public Distribution/Dissemination |
| Lilly Green | | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 205 Medallion Circle | | | Amo | punt |
| City | State | Zip Code | - | 80.00 |
| Shreveport | LA | 71119 | | nsaction ID : ae6ec119-2b8f-4b77-a e of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 7 2014 |
| Name of Federal Candidate | | Support | Office Soug | ght: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presi | |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | Disburseme 2014 | ent For: Primary |
| Full Name of Payee Lilly Green | | | <u> </u> | e of Public Distribution/Dissemination |
| Mailing Address 205 Medallion Circle | | | | 11 03 2014 |
| 200 Modalion Circle | | | Amo | ount |
| City | State | Zip Code | | 88.20 |
| Shreveport | LA | 71119 | | saction ID: 8d2f096f-01bb-4260-b e of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sou | ght: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Pres | ident State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disburseme 2014 | ent For: Primary |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | - | 168.20 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | ·· • | |
| (c) TOTAL Independent Expenditures | | | ··· > | |
| Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee | andidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Dat | e 11 | 05 2014 |
| Signature | | | | |

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OF

| Schedule E) | INI EXI END | HONES | | AGE 16 OF 134 OR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|---------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDEN | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C co | 0530766 | | |
| Check if 24-hour report 48-hour report | New rep | oort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Toni A Persinger-Buckler | | | M = M / | Distribution/Dissemination |
| Mailing Address 5330 Nestleway Dr | | | Amount | 03 2014 |
| City | Ctoto | Zin Codo | | 50.50 |
| City Clemmons | State NC | Zip Code 27012 | | 52.50 : 998ea744-fe0f-4742-b ement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 11 | 092082.37 | Disbursement For: 2014 Other (speci | Primary |
| Full Name of Payee Toni A Persinger-Buckler | | | M M / | Distribution/Dissemination |
| Mailing Address 5330 Nestleway Dr | | | Amount | 03 2014 |
| City | State | Zip Code | | 6.90 |
| Clemmons | NC | 27012 | | c4d7cc27-49d3-432f-b ement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement For: 2014 Other (spec | Primary X General ify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | . | 59.40 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • | |
| | | | | 4 |
| (c) TOTAL Independent Expenditures | | | > | 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 05 | 2014 |
| Signature | | | | |

| Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle Transaction ID: 97focd1-8c73-4989-9 Date of Public Distribution/Dissemination Mill 03 2014 Amount Transaction ID: 924eba62-0a54-4715-9 Date of Disbursement or Obligation President Senate State: NC Primary Gene 2014 Other (specify) ▶ Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Name of Federal Candidate Support Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill 03 2014 Amount City State Zip Code Transaction ID: 907focd1-8c73-4989-9 Date of Disbursement or Obligation Mill | | | | | FOR SE OF FO | RM 24/48 |
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| Check if | | | | | FEC IDENTIFICATION | NUMBER ▼ |
| Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code NC 28697 Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 199 Raven Circle Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mailing Address 199 Raven Circle Disbursement For: Primary Gene President Salare: NC 28697 Full Name of Payee Alisha A Hauser City State Zip Code Purpose of Expenditure Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Transaction ID: 624eb62-2045-44715-5 Disbursement or Obligation 111 0 3 1 2014 Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination 111 0 3 1 2014 Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination 111 0 3 1 2014 Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination 112 0 3 1 2014 Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination 113 0 3 1 2014 Amount City State Zip Code Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Public Distribution/Dissemination 113 0 3 1 2014 Amount City State Zip Code President Seate State: NC Calendar Year-To-Date President Seate State: NC President Seate State: NC Calendar Year-To-Date President Seate State: NC Calendar Year-To-Date President Seate State: NC Control of Public Distribution/Dissemination 113 0 3 1 2014 Amount City Seate State: NC Cother (specify) Other (specify) Other (specify) Other (specify) Other (specify) | women Speak Out PAC | | | | C C00530766 | |
| Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Salary Name of Federal Candidate Support Office Sought: House District: 00 President Senate State: NC Calendar Year-To-Date Per Election for Office Sought: 1092082.37 Full Name of Payee Alisha A Hauser City State Zip Code Wilkesboro Date of Public Distribution/Dissemination Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Furpose of Expenditure Mileage Support NC 28697 Name of Federal Candidate Name of Federal Candidate Nc 28697 Name of Public Distribution/Dissemination Name of Public Distribution/Dis | Check if 24-hour report 48-hour re | eport New repo | ort Amends repo | | / D D / Y | YYY |
| Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Furpose of Expenditure Salary Name of Federal Candidate Support Office Sought Senate State: NC Category/ Oppose President Senate State: NC Category/ Oppose Senate State: NC Oppose President Senate State: NC Oppose Senate | Full Name of Payee | | | Date of | of Public Distribution/Diss | emination |
| City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Support Office Sought 1092082.37 Calendar Year-To-Date Per Election for Office Sought 111 03 03 03 02014 Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Category/ 002 Transaction ID : 624eba62-0a54-4715- Date of Disbursement For: Disbursement For: Primary Gene 2014 Amount City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Category/ 002 Transaction ID : 9070cd1-8c73-4989-9 Disbursement For: Disbursement or Obligation Transaction ID : 624eba62-0a54-4715- Date of Disbursement For: Primary Gene 2014 Amount City State Zip Code Transaction ID : 9070cd1-8c73-4989-9 Disbursement For: Disbursement or Obligation Transaction ID : 9070cd1-8c73-4989-9 Disbursement For: Disbursement or Obligation Transaction ID : 624eba62-0a54-4715-Date President Sanate Nation Total Independent Sanate Nation Transaction ID : 624eba62-0a54-4715-Date President Sanate Nation Total Independent Expenditures Total Sanate Nation Transaction ID : 624eba62-0a54-4715-Date President Sanate Nation Total Independent Expenditures Total Independent Expen | | | | | | 2014 |
| Vilkesboro NC 28697 Transaction ID : 624eba62-0a54-4715-5 Date of Disbursement or Obligation | Mailing Address 199 Raven Circle | | | Amou | nt | |
| Vilkesboro NC 28697 Transaction ID : 624eba62-0a54-4715-5 Date of Disbursement or Obligation Salary Date of Disbursement or Obligation Ms. Kay Hagan Support Office Sought: House District: 00 President Senate State: NC President Senate State: NC Other (specify) Mailing Address 199 Raven Circle 1092082.37 Date of Disbursement For: Primary Gene Category Mailing Address 199 Raven Circle | City | State | Zip Code | | | 45.00 |
| Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City State Vilkesboro Purpose of Expenditure Mileage Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Ele | | | • | | | |
| Ms. Kay Hagan Coppose | | | | | 1 M / D D / Y | YYY |
| Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 907f0cd1-8c73-4989-9 Date of Disbursement or Obligation Tansaction ID: 907f0cd1-8c73-4989-9 Date of Disbursement or Obligation To Date of Disbursement or Obligation The part of Expenditure Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Primary Gene Calendar Year-To-Date Per Election for Office Sought To Disbursement For: Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Primary Gene Control of Unitemized Independent Expenditures To Disbursement For: Primary Control of Unitemized Independent Expenditures To Disbursement For: Primary Control of Unitemized Independent Expenditures Disbursement For: Primary Control of Unitemized Independent Expenditures President Control of Public Distribution/Dissemination To Date (Public Distribution/Distribution/Distri | Name of Federal Candidate | | Support | Office Sough | nt: House Dist | rict:00 |
| Per Election for Office Sought Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Category/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Office Sought Date of Public Distribution/Dissemination 11 03 / 2014 Amount Category/ Type Office Sought Office Sought District: Office Sought Calendar Year-To-Date Per Election for Office Sought Office Sought Disbursement For: Primary General Candidare Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification. | Ms. Kay Hagan | | Oppose | | | ate: NC |
| Full Name of Payee Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertaints. | | 10 | 92082.37 | 2014 | | X General |
| Alisha A Hauser Mailing Address 199 Raven Circle City State Zip Code Wilkesboro NC 28697 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Toppose Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertified to the cooperation of the cooperation, consultation, or concertified to the cooperation of the cooperation, consultation, or concertified to the cooperation of | Ů | 7 | | | | |
| Mailing Address 199 Raven Circle City State Zip Code 19.50 Wilkesboro NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 T1 1 03 / 2014 Name of Federal Candidate Support Ms. Kay Hagan Soppose President Senate State: NC Per Election for Office Sought 1092082.37 Calendar Year-To-Date Per Election for Office Sought 1092082.37 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures reported herein were not made in cooperation, consultation, or concertification NC 28697 Transaction ID: 907f0cd1-8c73-4989-9 Date of Disbursement or Obligation (c) TOTAL Independent Expenditures (d) SUBTOTAL of Unitemized Independent Expenditures (e) TOTAL Independent Expenditures reported herein were not made in cooperation, consultation, or concertification (for the first primary (g) SUBTOTAL of Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (g) SUBTOTAL of Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (h) SUBTOTAL of Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (for Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (for Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (for Perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertification (for Perjury I certify that the independent expenditures reported herein were not made in cooperation (for Perjury I certify that the independent expenditures reported herein were not made in cooperation (for | | | | | M = M / D = D / Y | - Y - Y - Y |
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| Purpose of Expenditure Mileage Date of Disbursement or Obligation Marked of Federal Candidate Support Marked of Disbursement or Obligation Marked of Disbursement or | City | State | Zip Code | | | 19.50 |
| Purpose of Expenditure Mileage Name of Federal Candidate | Wilkesboro | NC | 28697 | Transa Date | action ID: 907f0cd1-8c73 of Disbursement or Oblig | 3-4989-9 lation |
| Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC | | | | | M = M / D = D / Y | - Y - Y - Y |
| Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary 2014 Other (specify) 64.50 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertion. | Name of Federal Candidate | | Support | Office Sough | nt: House Dist | rict:00 |
| Per Election for Office Sought 1092082.37 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures | Ms. Kay Hagan | | | _ | | ate: NC |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 1 1 1 1 1 | 1092082.37 | 2014 | | General |
| (c) TOTAL Independent Expenditures | (a) SUBTOTAL of Itemized Independent E | xpenditures | | · [| | 64.50 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce | (b) SUBTOTAL of Unitemized Independent | Expenditures | | • | | |
| | (c) TOTAL Independent Expenditures | | | • | 7 | A-0- |
| party committee) any political party committee or its agent. | with, or at the request or suggestion of, an | y candidate or authorized | | | | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 05 2014 | Ms. Emily Buchanan | [Electroni | cally Filed] Date | M = M / | | Y |
| Signature | Signature | | | | | |

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OF

| | | | FOR SE OF FORM 24/48 |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------|
| | COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| vvome | n Speak Out PAC | | C C00530766 |
| Check if | X 24-hour report 48-hour report New rep | ort Amends report | filed on M = M / D = D / Y = Y = Y |
| Full N | ame of Payee | | Date of Public Distribution/Dissemination |
| | rid Ford | | 11 03 2014 |
| Mailin | g Address 106 Hillside St | | Amount |
| City | State | Zip Code | 62.50 |
| Spino | | 28160 | Transaction ID : 6f0ddf5c-6a32-49a3-a Date of Disbursement or Obligation |
| Purpo Salar | se of Expenditure y | Category/ Type 001 | 11 03 7 2014 |
| Name | of Federal Candidate | Support | Office Sought: House District:00 |
| Ms. K | ay Hagan | X Oppose | President Senate State: NC |
| | Calendar Year-To-Date Ver Election for Office Sought | | Disbursement For: Primary ☐ General Other (specify) ► |
| E.U.A | and David | | |
| | ame of Payee id Ford | | Date of Public Distribution/Dissemination 11 03 2014 |
| Mailin | g Address 106 Hillside St | | Amount |
| City | State | Zip Code | 42.60 |
| Spine | | 28160 | Transaction ID: 809f362f-652e-41f3-8 Date of Disbursement or Obligation |
| Purpo Milea | se of Expenditure ge | Category/ Type 002 | 11 03 2014 |
| Name | of Federal Candidate | Support | Office Sought: House District: 00 |
| Ms. k | ay Hagan | X Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary |
| (a) SU | BTOTAL of Itemized Independent Expenditures | | 105.10 |
| (b) SU | BTOTAL of Unitemized Independent Expenditures | | |
| (c) TO | TAL Independent Expenditures | | |
| with, or | penalty of perjury I certify that the independent expenditures at the request or suggestion of, any candidate or authorized ommittee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electron | ically Filed] Date | 11 05 2014 |
| Sigr | ature | | |

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OF

| Schedule E) | | PAGE 19 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if X 24-hour report 48-hour report New report | Amends report filed | on M = M / D = D / Y = Y = Y |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Adam L Clark | | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1851 S Laura St | | Amount |
| City State Zi | ip Code | 10.00 |
| | 7211 | Transaction ID: d5914ac7-4eae-472b-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 03 7 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Mr. Greg Orman | X Oppose | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | Disbu 2014 | orsement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Adam L Clark | | M M / D D / Y Y Y Y Y |
| Mailing Address 1851 S Laura St | | 11 03 2014 |
| 1851 S Laura Si | | Amount |
| City State Z | ip Code | 7.50 |
| | 57211 | Transaction ID: d622ec39-de17-4d35-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 03 4 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Mr. Greg Orman | Oppose | President X Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 248067.91 Disbu 2014 | ursement For: Primary X General Other (specify) ▶ |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 17.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronica | ally Filed] Date 1 | 1 05 2014 |
| Signature | 24.0 | |

| Schedule E) | LXI LIID | ITOTILO | | | | PAGE 20 FOR SE OF F | OF 134 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|----------|----------------------------------------|----------------------|---------------------------------|-------------------------|--------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC ID | ENTIFICATION | | _ |
| Women Speak Out PAC | | | | | С | C00530766 | | |
| Check if 24-hour report 48-hour report | X New rep | ort Ame | nds repo | rt filed on | = M / | D = D / | Y = Y = Y = Y |] |
| Full Name of Payee Corey S McKnight | | | | | - M / | Distribution/D | Y Y Y Y | _ |
| Mailing Address 1510 Bailey St | | | | Amou | 11 nt | 03 | 2014 | _ |
| City S | state | Zip Code | | | | | 47.00 | ٦ |
| • | LA | 71292 | | | | D: 188834fc-2 rsement or Ob | 826-4802-b | _ |
| Purpose of Expenditure Salary | | Category/ Type | 001 | M | 11 / | 03 | 2014 | |
| Name of Federal Candidate | | Sı | upport | Office Sough | | House D | istrict: 00 | _ |
| Ms. Mary L Landrieu | | | ppose | Preside | | _ | State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | | Disbursement 2014 Or | For: | Primary ecify) ▶ | X General | .I |
| Full Name of Payee | | | | Date of | of Public | Distribution/D | issemination | |
| Corey S McKnight | | | | M | 11 / | 03 | 2014 | T |
| Mailing Address 1510 Bailey St | | | | Amou | | 03 | 2014 | - |
| | | | | | | | | 4 |
| , | State | Zip Code | | ــــــــــــــــــــــــــــــــــــــ | | 5710 | 47.00 | ┙ |
| | LA | 71292 | | Date of | ction ID of Disbu | : f719ccc8-10 irsement or Ob | :51-4889-8 oligation | |
| Purpose of Expenditure Salary | | Category/ Type | 001 | M | 11 / | 03 | 2014 |] |
| Name of Federal Candidate | | Sı | upport | Office Sough | t: | House D | istrict: 00 | _ |
| Ms. Mary L Landrieu | | | ppose | Preside | _ | Senate | State: LA | _ |
| Calendar Year-To-Date Per Election for Office Sought | , | 233263.10 | | Disbursemen 2014 O | | Primary ecify) ► | X Genera | ıl |
| | | | | | | | | _ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | > | - | 7 | 94.00 | _ |
| (b) SUBTOTAL of Unitemized Independent Expenditure | s | | | • | 1 7 | | |] |
| (c) TOTAL Independent Expenditures | | | | • | | 7 | |] |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized | | | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date | 11 / | 05 | 2014 | Y | |
| Signature | | | | | | | | |

| Schedule E) | IN EXILID | ITOTILO | | PAGE 21 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Nathan D Stevens | | | Date of Pub | lic Distribution/Dissemination |
| Mailing Address 9653 Nations Dr | | | Amount | 03 2014 |
| | | | | |
| City Springdale | State AR | Zip Code 72762 | | 25.00 ID: 864bac63-ec84-46a0-8 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disc | oursement or Obligation 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee Nathan D Stevens | | | | lic Distribution/Dissemination |
| Mailing Address 9653 Nations Dr | | | 11 | 03 2014 |
| 9053 Nations Di | | | Amount | |
| City | State | Zip Code | | 14.70 |
| Springdale | AR | 72762 | | ID: 4ba294d9-36f0-4f8c-8 oursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 M | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 280777.85 | Disbursement For: 2014 Other (s | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 39.70 |
| (b) SUBTOTAL of Uniternized Independent Exper | nditures | | | |
| (-) | | | | 7 7 |
| (c) TOTAL Independent Expenditures | | |) | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 05 | 2014 |
| - 3 | | | | |

| Sc | hedule E) | L /(1 L /(2) | 1101120 | | PAGE 22 OF 134 FOR SE OF FORM 24/48 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|-----------------------|------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | C C00530766 |
| Che | eck if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | |
| T | Full Name of Payee Luke S Buren | | | | of Public Distribution/Dissemination |
| - | Mailing Address 415 E Carroll | | | Amou | 11 03 2014 unt |
| ŀ | City | State | Zip Code | — [| 25.00 |
| | Macomb | IL | 61455 | | saction ID : d5a56711-d2b7-48d7-8 of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 7 2014 |
| l | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| | Mr. Mark L Pryor | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disbursemen 2014 O | nt For: Primary |
| | Full Name of Payee Cathy Longtin | | | | of Public Distribution/Dissemination |
| - | Mailing Address 827 Navavre Ave | | | Amou | |
| ŀ | City | State | Zip Code | $ \Gamma$ | 45.00 |
| | New Orleans | LA | 70124 | | action ID: e4d4c636-42fc-40ca-b of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 7 2014 |
| | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| | Ms. Mary L Landrieu | | X Oppose | Preside | lent Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursemen 2014 O | nt For: Primary |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 3 | | | 70.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditure | ires | | - - | |
| (| (c) TOTAL Independent Expenditures | | | · • | |
| W | Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | e 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | | | | |

| Check if 24-hour report | | nedule Ly | FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Check if 24-hour report | | | FEC IDENTIFICATION NUMBER ▼ |
| Full Name of Payee Cathy Longtin Mailing Address 827 Navavre Ave Category | VV | omen Speak Out PAC | C C00530766 |
| Cathy Longtin Mailing Address 827 Navavre Ave City State Zip Code New Orleans LA 70124 Purpose of Expenditure Mileage Name of Federal Candidate Category/ Dopose Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Amount Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation Transaction ID : c0c423ff-61tb-4d3s-a Date of Disbursement or Obligation President X senate State: LA Date of Public Distribution/Dissemination Transaction ID : 312f68ff-6191-4466-B Date of Public Distribution/Dissemination Transaction ID : c0c423ff-611b-4d3s-a Date of Disbursement For: Primary Senate Transaction ID : 312f68ff-6191-4466-B Date of Public Distribution/Dissemination Transaction ID : c0c423ff-611b-4d3s-a Date of Disbursement For: Primary Senate Transaction ID : c0c423ff-611b-4d3s-a Date of Disbursement For: Primary Senate Transaction ID : 312f68ff-6191-4466-B Date of Disbursement For: Primary Senate Transaction ID : c0c423ff-611b-4d6-B Date of Public Distribution/Diss | Che | ck if 24-hour report 48-hour report New report Amends report file | d on Man / Dab / Yayayay |
| Mailing Address 827 Navavre Ave City State Zip Code Transaction ID : c0c423fl-6ftp-4d3a-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category Type 002 Name of Federal Candidate Support Office Sought House District 00 Ms. Mary L Landrieu Support Office Sought President Senate State: Calendar Year-To-Date Per Election for Office Sought Print Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Disbursement For: Primary Ceneral Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Transaction ID : 312f8a97-6931-44d6-8 Date of Disbursement or Obligation Transaction ID : 312f8a97-6931-44d6-8 Date of Disbursement For: Disbur | Т | | Date of Public Distribution/Dissemination |
| City State Zip Code New Orleans LA 70124 Purpose of Expenditure Miseage Support Office Sought: House District: 00 Ms. Mary L Landrieu Sought Per Election for Office Sought Disbursement or Obligation Calendar Year-To-Date Per Election for Office Sought NC 27023 Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Anselma A Trinidad Mailing Address 7915 Curtina Ln Category Office Sought: House District: 00 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 111 03 2014 Amount Category Office Sought: House District: 00 President Senate State: NC President Senate State: NC Disbursement For: Frimary Genera Disbursement For: Office Sought: House District: 00 President Senate State: NC Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Disbursement For: Frimary Genera Other (specify) Period Office Sought: House District: 00 Other (specify) Period | | Cathy Longtin | |
| New Orleans LA 70124 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Various State State Various State St | | Mailing Address 827 Navavre Ave | Amount |
| New Orleans LA 70124 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Various State State Various State St | ŀ | City State Zin Code | 9.00 |
| Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Page Anselma A Trinidad Mailling Address 7915 Curtina Ln City State Lewisville Purpose of Expenditure Salary Name of Pederal Candidate NC 27023 Transaction ID: 3128a87-6491-44d6-8 Date of Public Distribution/Dissemination Transaction ID: 3128a87-6491-44d6-8 Date of Disbursement or Obligation Transaction ID: 3128 | | | Transaction ID : c0c423ff-61fb-4d3a-a |
| Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Lewisville Purpose of Expenditure Salary NC 27023 Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought NC 27023 Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought NS. Kay Hagan Support Office Sought: House District: On President Senate State: Amount Amount City State Zip Code Transaction ID: 312/8867-6491-4446-8 Date of Disbursement or Obligation Titl 03 / 2014 Amount Office Sought: House District: On Ms. Kay Hagan Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary General Candidate NC Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | ľ | Mileage Category/ 002 | M M / D D / Y Y Y Y |
| Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Primary ★ General Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Lewisville NC 27023 Transaction ID: 312f8a87-6491-44d6-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 1092082.37 Calendar Year-To-Date Per Election for Office Sought Under penalty of perjury Certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | ı | Name of Federal Candidate Support Offi | ce Sought: House District: 00 |
| Per Election for Office Sought Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Lewisville NC 27023 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Category/ Type 001 Transaction ID: 312f887-6491-4446-8 Date of Disbursement or Obligation Transaction ID: 312f887-6491-4446-8 Date of Disbursement For: Disbursement For: Primary Other (specify) Other (specify) Other (specify) Disbursement For: Primary Other (specify) Other (specify) Other (specify) Disbursement For: Primary Other (specify) | | Ma Marriel Landston | |
| Full Name of Payee Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code Lewisville NC 27023 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | | 000000 40 | |
| Anselma A Trinidad Mailing Address 7915 Curtina Ln City State Zip Code 90.00 Lewisville NC 27023 Purpose of Expenditure Salary Name of Federal Candidate State Stat | L | Tot Election for Office Sought | |
| Mailing Address 7915 Curtina Ln City State Zip Code Lewisville NC 27023 Purpose of Expenditure Salary Name of Federal Candidate State: Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | Full Name of Payee Anselma A Trinidad | M = M / D = D / Y = Y = Y |
| Lewisville NC 27023 Transaction ID: 312f8a87-6491-44d6-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Toppose Disbursement For: Primary General Candidate Support Other (specify) Tother (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | - | Mailing Address 7915 Curtina Ln | 1 |
| Purpose of Expenditure Salary Category/ Type 001 Mane of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Category/ Type Office Sought: House District: O Other (specify) Other (specify) Category/ Type Office Sought: House District: O Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Calendar Year-To-Date Support Office Sought: House District: O Other (specify) | ŀ | City State Zip Code | 90.00 |
| Purpose of Expenditure Salary Category/ Type | | Lewisville NC 27023 | Transaction ID: 312f8a87-6491-44d6-8 Date of Disbursement or Obligation |
| Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC | | Salary Odlegory 001 | M - M / D D / Y - Y - Y |
| Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | ľ | Name of Federal Candidate Support Offi | ce Sought: House District: 00 |
| Per Election for Office Sought 1092082.37 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | | - |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | Calcinati Total To Bato | 14 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | (| a) SUBTOTAL of Itemized Independent Expenditures | 99.00 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** **The training of the reporting entity is not a political party committee or its agent.** | (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan | (| c) TOTAL Independent Expenditures | |
| [Elasticalian III. Ellas] | W | with, or at the request or suggestion of, any candidate or authorized committee or agent of eith | |
| | | [F1 + | |
| Signature | | | |

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| | | FOR SE OF FORM 24/48 |
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| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷V | omen Speak Out PAC | C C00530766 |
| Che | ck if X 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| T | Full Name of Payee Sarah Bassil | Date of Public Distribution/Dissemination |
| | | 11 03 2014 |
| | Mailing Address 7650 Fallswood Way | Amount |
| ŀ | City State Zip Code | 30.00 |
| | Lorton VA 22079 | Transaction ID: 60097afd-dba6-4f1e-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | M 11 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 248067.91 Disbu 2014 | rsement For: |
| ľ | Full Name of Payee Sarah Bassil | Date of Public Distribution/Dissemination |
| - | Mailing Address 7650 Fallswood Way | 11 03 2014 Amount |
| - | City State Zip Code | 30.00 |
| | Lorton VA 22079 | Transaction ID: 11ffa051-c626-4430-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: |
| (| a) SUBTOTAL of Itemized Independent Expenditures | 60.00 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| c) TOTAL Independent Expenditures | |
| W | Inder penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VV | omen Speak Out PAC | C C00530766 |
| Che | ck if X 24-hour report 48-hour report X New report X Amends report filed | on M M / D D / Y Y Y Y |
| Т | Full Name of Payee Sarah Bassil | Date of Public Distribution/Dissemination |
| | | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 7650 Fallswood Way | Amount |
| H | City State Zip Code | 30.00 |
| | Lorton VA 22079 | Transaction ID: 12a37deb-ace1-4c39-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 248067.91 Disbu 2014 | rsement For: Primary |
| ľ | Full Name of Payee Sue G Walker | Date of Public Distribution/Dissemination |
| - | Mailing Address 3 Girard | 11 03 2014 Amount |
| - | City State Zip Code | 80.00 |
| | , | Transaction ID : 8237bcd6-64dd-45f9-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 | rsement For: Primary X General Other (specify) ▶ |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | 110.00 |
| (I | b) SUBTOTAL of Unitemized Independent Expenditures | |
| (0 | c) TOTAL Independent Expenditures | |
| W | nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 05 / 2014 |
| | Signature | |

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OF

| oblicatio E) | FOR SE OF FORM 24/48 |
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| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if X 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | e of Public Distribution/Dissemination |
| Eva M Johnston | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2517 N 47th St | ount |
| City State Zip Code | 40.00 |
| Milwaukee WI 53210 Trai | nsaction ID: 8034b515-67d6-4bcd-a e of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ght: House District: 00 |
| Mr. Greg Orman | ident X Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 248067.91 Disburseme 2014 | |
| | Other (specify) |
| Full Name of Payee Date Patricia F Arnold | e of Public Distribution/Dissemination |
| Mailing Address 1117 Clipper Dr | 11 03 2014 ount |
| City State Zip Code | 13.00 |
| Slidell LA 70458 Tran | saction ID: 9aea328b-5c2f-41d1-9 e of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ight: House District: 00 |
| Ms. Mary L Landrieu Pres | |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 2014 | ent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 53.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 | 05 2014 |
| Signature | |

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| | Titadic Ly | | FOR SE OF FORM 24/48 |
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| | ME OF COMMITTEE (In Full) | FEC IDI | ENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C | C00530766 |
| Che | eck if 24-hour report 48-hour report New report Amends report filed | d on | D = D / Y = Y = Y |
| Т | Full Name of Payee | Date of Public | Distribution/Dissemination |
| | Patricia F Arnold | M M / | 03 / 2014 |
| | Mailing Address 1117 Clipper Dr | Amount | |
| - | City State Zip Code | | 3.66 |
| | Slidell LA 70458 | | D: 28eafe8a-8b49-4dc6-b rsement or Obligation |
| Ī | Purpose of Expenditure Mileage Category/ Type 002 | 11 11 | 03 / 2014 |
| f | Name of Federal Candidate Support Office | e Sought: | House District:00 |
| | Ms. Mary L Landrieu | President X | |
| Ī | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | | Primary General |
| } | Full Name of Payee | Other (spe | : Distribution/Dissemination |
| | Kenny Wallis | M M / | 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 6412 Osage Dr | Amount | |
| ŀ | City State Zip Code | | 80.00 |
| | North Little rock AR 72116 | | : d16e6b6b-c1cd-42ec-8 rsement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 / | 03 / 2014 |
| ŀ | Name of Federal Candidate Support Office | ce Sought: | House District: 00 |
| | W W 11 B | | Senate State: AR |
| | | oursement For: 4 Other (spe | Primary |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | 83.66 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (| (c) TOTAL Independent Expenditures | | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 11 05 | 2014 |
| | Signature | لتنا ب | |
| | | | |

PAGE 27

OF

| Schedule E) | | 1101.20 | | PAGE 28 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Kenny Wallis | | | M = | |
| Mailing Address 6412 Osage Dr | | | Amount | 03 2014 |
| City | State | Zip Code | <u> </u> | 6.54 |
| North Little rock | AR | 72116 | | tion ID : cfa1cdbc-4684-414c-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disbursement F 2014 Othe | or: Primary X General or (specify) ▶ |
| Full Name of Payee Joshua J Huffman | | | Date of I | |
| Mailing Address 211 Dixie Ave | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Harrisonburg | VA | 22801 | Transacti Date of I | ion ID : d14013a2-6eaa-4881-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement F 2014 Othe | For: Primary X General er (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | | 26.54 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | | 7 1 1 7 1 1 7 1 |
| (c) TOTAL Independent Expenditures | | | · • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or | ndidate or authorized | | | |
| Ms. Emily Buchanan | [Electror | nically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Schedu | ile E) | - - | 1101120 | | PAGE 29 OF 134 FOR SE OF FORM 24/48 |
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| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wome | en Speak Out PAC | | | | C C00530766 |
| Check if | 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | M |
| | lame of Payee mond D Rea | | | | of Public Distribution/Dissemination |
| Mailin | ng Address 416 Vine Dr | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | - | 85.00 |
| Lawr | ence | KS | 66049 | | action ID : 3d3c76f7-3490-4ad6-8 of Disbursement or Obligation |
| Purpo Salar | ose of Expenditure ry | | Category/ Type 001 | | 11 03 7 2014 |
| Name | e of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Mr. G | Greg Orman | | X Oppose | Preside | ent Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 248067.91 | Disbursemen 2014 O | nt For: |
| | Name of Payee mond D Rea | | | | of Public Distribution/Dissemination |
| Mailir | ng Address 416 Vine Dr | | | Amou | 11 03 2014 unt |
| City | | State | Zip Code | | 12.93 |
| | rence | KS | 66049 | | action ID: 3720c67d-1981-4f70-a of Disbursement or Obligation |
| Purpo Milea | ose of Expenditure age | | Category/ Type 002 | | 11 03 / 2014 |
| Name | e of Federal Candidate | | Support | Office Sough | nt: House District:00 |
| Mr. G | Greg Orman | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursemer 2014 | nt For: |
| (a) SU | IBTOTAL of Itemized Independent Expenditures | s | | | 97.93 |
| (b) SU | IBTOTAL of Unitemized Independent Expenditu | ıres | | · • | |
| (c) TO | TAL Independent Expenditures | | | · [| 7 |
| with, or | penalty of perjury I certify that the independer r at the request or suggestion of, any candidat committee) any political party committee or its a | te or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | e 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Sign | nature | | | | |

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| | ME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| ۷۱ | omen Speak Out PAC | | С | C00530766 | |
| Che | eck if X 24-hour report 48-hour report New report Amends report filed | | = M | / D = D / | Y = Y = Y |
| \Box | Full Name of Payee | Date o | f Pub | lic Distribution/ | Dissemination |
| | Lisa Booth | | 11 | 03 | 2014 |
| | Mailing Address 1434 South Avenue | Amour | nt | | |
| ı | City State Zip Code | Г. | | | 100.00 |
| | Eden NC 27288 | | | ID: 8f2f678boursement or C | |
| | Purpose of Expenditure Salary Category/ Type 001 | | 11 | 03 | 2014 |
| | Name of Federal Candidate Support Office | Sought | : | House | District: 00 |
| | Ms Kay Hagan | Preside | | Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement | | Primary | X General |
| | Full Name of Payee Lisa Booth | Date o | of Pub | olic Distribution | Y . Y . Y . Y |
| | Mailing Address 1434 South Avenue | Amour | 11 nt | 03 | 2014 |
| | City State Zip Code | Γ. | _ | | 25.50 |
| | · | | | ID: 6fa77128- bursement or (| db11-4e8e-a |
| | Purpose of Expenditure Mileage Category/ Type 002 | M | 11 | 03 | 2014 |
| | Name of Federal Candidate Support Office | Sought | t: | House | District: 00 |
| | Ms. Kay Hagan Oppose | Preside | ent | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement | | Primary specify) ▶ | General |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | | 125.50 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | 1 1 1 |
| (| (c) TOTAL Independent Expenditures | | | | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 11 | M / | 05 | 201 | |
| | Signature | | | | |

PAGE

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OF

| Schedule E) | TT EXI END | TI OTILO | | PAGE 31 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|--------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | [| C C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Heather A Smith | | | M | |
| Mailing Address 995 Clairborne Rd | | | Amount | 1 03 2014 |
| City | State | Zip Code | | 53.00 |
| Calhoun | LA | 71225 | | ction ID : eef85363-cf2c-44bf-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 1 | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 233263.10 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Heather A Smith | | | | 1 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 995 Clairborne Rd | | | Amount | |
| City | State | Zip Code | | 19.80 |
| Calhoun | LA | 71225 | | tion ID: 00e1cc2a-aead-4446-8 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Presider | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 233263.10 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | • | 72.80 |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | . | |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 7 |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorize | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | | 05 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | /omen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Joseph R Rys | 11 03 / 2014 |
| | Mailing Address 160 #50 Pompano Dr | Amount |
| | City State Zip Code | 77.50 |
| | New Bern NC 28560 | Transaction ID: 889914a1-5017-48d3-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: |
| | Full Name of Payee Joseph R Rys | Date of Public Distribution/Dissemination |
| | Mailing Address 160 #50 Pompano Dr | 11 03 2014 Amount |
| | City State Zip Code | 6.72 |
| | New Bern NC 28560 | Transaction ID: d9f9793b-caaf-4c74-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 84.22 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| 1 | Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |

PAGE

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OF

| Schedule E) | | PAGE 33 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report New report | Amends report filed | on M M / D D / Y Y Y Y Y |
| Full Name of Payee Andrea L Hammond | | Date of Public Distribution/Dissemination |
| Mailing Address 12920 Kneeland Ln | | 11 03 2014 Amount |
| City State Zip | o Codo | 40.00 |
| | o Code 4850 | Transaction ID : bec9119c-e77a-4675-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 03 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 280 | 777.85 Disbu 2014 | ursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Andrea L Hammond | | Date of Public Distribution/Dissemination |
| Mailing Address 12920 Kneeland Ln | | 11 03 2014 Amount |
| City State Zi | p Code | 28.50 |
| Neosho MO 6 | 4850 | Transaction ID : fa617a20-a2b6-4465-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 03 / 9 2014 |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 280777.85 Disbu 2014 | ursement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 68.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······ | |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronical Signature | lly Filed] Date 1 | 1 05 2014 |

| Schedul | e E) | | 1101120 | | PAGE 34 OF 134 FOR SE OF FORM 24/48 |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-----------------------|----------------------------------------------------------------|
| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Womer | n Speak Out PAC | | | | C C00530766 |
| Check if 2 | 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | M / D D / Y H Y H Y H Y |
| | me of Payee binette Franklin | | | | of Public Distribution/Dissemination |
| Mailing | Address 8822 Apple St | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | | 80.00 |
| | Orleans | LA | 70188 | | action ID : 7ecf6b1c-7ec3-418a-a of Disbursement or Obligation |
| Purpos Salary | e of Expenditure | | Category/ Type 001 | М | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name | of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Ma | ary L Landrieu | | X Oppose | Preside | ent Senate State: LA |
| | alendar Year-To-Date er Election for Office Sought | 2 | 233263.10 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| | ame of Payee inette Franklin | | | | of Public Distribution/Dissemination |
| Mailing | Address 8822 Apple St | | | Amou | للنبا لنبا |
| City | | State | Zip Code | | 16.50 |
| | Orleans | LA | 70188 | | oction ID: 5694ed01-f24d-4f11-9 of Disbursement or Obligation |
| Purpos Mileaç | e of Expenditure ge | | Category/ Type 002 | N | 11 / 03 / 2014 |
| Name | of Federal Candidate | | Support | Office Sough | it: House District: 00 |
| Ms. Ma | ary L Landrieu | | X Oppose | Preside | |
| | alendar Year-To-Date er Election for Office Sought | | 233263.10 | Disbursemen 2014 O | ther (specify) ► |
| (a) SUE | STOTAL of Itemized Independent Expendit | ures | | · [| 96.50 |
| (b) SUE | RTOTAL of Unitemized Independent Exper | nditures | | | 7 7 7 |
| (c) TOT | AL Independent Expenditures | | | · [| 7 1 7 1 7 |
| with, or | enalty of perjury I certify that the indeper at the request or suggestion of, any cand mmittee) any political party committee or | lidate or authorized | | | |
| | Ms. Emily Buchanan | [Electron | cically Filed] Date | M M / | 05 2014 |
| Signa | ature | | | | |

| ScI | hedule E) | .A. = | 10.120 | | PAGE 35 OF 134 FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | C C00530766 |
| Che | eck if 24-hour report 48-hour report | New repo | ort Amends | report file | ed on Man / Dad / Yayayay |
| | Full Name of Payee Avery Rodriguez | | | | Date of Public Distribution/Dissemination |
| - | Mailing Address 11 Cooper Lane | | | | 11 03 2014 Amount |
| ŀ | City Sta | | Zip Code | | 112.00 |
| | | AR | 72034 | | Transaction ID : 9de48e5b-8b05-4bc5-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | M M / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| l | Name of Federal Candidate | | Suppo | ort Offi | ce Sought: House District:00 |
| | Mr. Mark L Pryor | | X Oppos | | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Dist 201 | bursement For: Primary General 4 Other (specify) ▶ |
| | Full Name of Payee Avery Rodriguez | | | | Date of Public Distribution/Dissemination 11 03 2014 |
| | Mailing Address 11 Cooper Lane | | | | 11 03 2014 Amount |
| ŀ | City Sta | ate | Zip Code | | 38.40 |
| | | λ R | 72034 | | Transaction ID : 3f93b820-221b-4853-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ī | Name of Federal Candidate | | Suppo | ort Offi | ice Sought: House District: 00 |
| | Mr. Mark L Pryor | | X Oppos | se | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disl 201 | bursement For: Primary X General Other (specify) ▶ |
| (6 | a) SUBTOTAL of Itemized Independent Expenditures | | | ······ | 150.40 |
| (1 | b) SUBTOTAL of Unitemized Independent Expenditures | | | ····· | |
| (0 | c) TOTAL Independent Expenditures | | | ······ | |
| W | Under penalty of perjury I certify that the independent exvith, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agen | r authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | 11 05 2014 |
| | Signature | | | | |

| Schedule E) | 011. 01 11.52. 2.15 | | 1101120 | | PAGE 36 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------|
| NAME OF COMMITTEE | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak | Out PAC | | | | C C00530766 |
| Check if X 24-hour re | eport 48-hour report | New rep | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Name of Payer Brittany A Fro | | | | | of Public Distribution/Dissemination |
| Mailing Address 18 | 793 Hilltop Ln | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | | 80.00 |
| Nevada | | TX | 75173 | | action ID: 6b7db890-7667-443d-b of Disbursement or Obligation |
| Purpose of Expend Salary | iture | | Category/ Type 001 | | 11 03 / 2014 |
| Name of Federal C | andidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L Pryor | | | X Oppose | Preside | |
| Calendar Year- Per Election fo | To-Date r Office Sought | | 280777.85 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| Full Name of Payer Carla K Pilgre | | | | | of Public Distribution/Dissemination |
| Mailing Address | 212 Stonecliff Dr | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | $-\Gamma$ | 90.00 |
| West Monro | | LA | 71291 | | ction ID : 8edd92f3-9b33-42f6-b of Disbursement or Obligation |
| Purpose of Expend Salary | iture | | Category/ Type 001 | | 11 03 / 2014 |
| Name of Federal C | andidate | | Support | Office Sough | t: House District: 00 |
| Ms. Mary L Landrie | u | | Oppose | Presid | |
| Calendar Year- Per Election fo | To-Date or Office Sought | | 233263.10 | Disbursemer 2014 C | t For: |
| (a) SUBTOTAL of It | emized Independent Expend | ditures | | | 170.00 |
| (b) SUBTOTAL of U | nitemized Independent Expe | enditures | | • | 7 1 7 1 4 |
| (c) TOTAL Independ | lent Expenditures | | | · • | 7 1 7 1 7 |
| with, or at the reque | | ndidate or authorized | | | cooperation, consultation, or concert the reporting entity is not a political |
| | ly Buchanan | [Electron | ically Filed] Date | e 11 | 05 / 2014 |
| Signature | | | | | |

| Mailing Address 212 Stonecliff Dr City State Zip Code West Monro LA 71291 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Category/ Type 002 Name of Federal Candidate Support Office Sought: House District: Ms. Mary L Landrieu Category/ Type 002 President Senate State: Calendar Year-To-Date Per Election for Office Sought Category/ Type 002 Disbursement For: Primary X 2014 Other (specify) ▶ | BER ▼ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Check if | |
| Check if | |
| Carla K Pilgreen Mailing Address 212 Stonecliff Dr City State Zip Code West Monro LA 71291 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought M M M M M M M M M M M M M M M M M M M | YY |
| Mailing Address 212 Stonecliff Dr City State Zip Code West Monro LA 71291 Purpose of Expenditure Mileage Category/ Mileage Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Tansaction ID: e097837c-54ec-4 Date of Disbursement or Obligation Office Sought: House District: Support Office Sought: President State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ | nation |
| City State Zip Code West Monro LA 71291 Transaction ID: e097837c-54ec-4 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Amount Transaction ID: e097837c-54ec-4 Date of Disbursement or Obligation M M M O O O Office Sought: Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶ | 14 |
| West Monro LA 71291 Transaction ID: e097837c-54ec-4 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Type O02 Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Other (specify) Other (specify) Other (specify) | |
| Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Date of Disbursement or Obligation M M M M O3 Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Other (specify) Other (specify) Other (specify) | 30.00 |
| Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Category/ Type O02 M M M M M M M M M M M M M M M M M M M | |
| Ms. Mary L Landrieu Support Olice Sought House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought 233263.10 Other (specify) ▶ | 14 |
| Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: Calendar Year-To-Date President Primary | 00 |
| Per Election for Office Sought 233263.10 2014 Other (specify) ▶ | LA |
| | General |
| Full Name of Payee Date of Public Distribution/Dissemi | nation |
| | 14 |
| Mailing Address 402A N 10th St Amount | |
| City State Zip Code | 5.00 |
| Manhattan KS 66502 Transaction ID : f3fe07d4-febc-458 Date of Disbursement or Obligatio | |
| Durage of Evaporditure | YY |
| Name of Federal Candidate Support Office Sought: House District: | 00 |
| Ms. Kay Hagan | NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶ | General |
| (a) SUBTOTAL of Itemized Independent Expenditures | 00 |
| | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | - |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 05 2014 Signature | |

| Schedule E) | PAGE 38 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends | report filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Jeanne Tribou | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 22369 Ponderosa Dr. | Amount |
| City State Zip Code | 50.00 |
| Mandeville LA 70471 | Transaction ID: c3463ab4-911b-4a66-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Ms. Mary L Landrieu Oppos | |
| Calendar Year-To-Date Per Election for Office Sought 233263.10 | Disbursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Jeanne Tribou | 11 03 / Y Y Y Y Y Y |
| Mailing Address 22369 Ponderosa Dr. | Amount |
| City State Zip Code | 14.10 |
| Mandeville LA 70471 | Transaction ID : 4dc2defb-54ff-41d9-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type | 002 M11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Suppo | ort Office Sought: House District: 00 |
| Ms. Mary L Landrieu Oppos | Se President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 233263.10 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 64.10 |
| (4) 002.00 | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] | Date 11 05 2014 |
| Signature | |

| Sch | edule E) | 1 6741 6142 | | | PAGE 39 OF 134 FOR SE OF FORM 24/48 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-----------------------|-------------------------------------------------------------------|
| | E OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wo | omen Speak Out PAC | | | | C C00530766 |
| Chec | ck if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | " M / D " D / Y " Y " Y " Y |
| TF | Full Name of Payee Janet Morris | | | | of Public Distribution/Dissemination |
| N | Mailing Address 620 Old Barbome Rd Lot 2 | | | Amou | 11 03 2014 nt |
| | Dity | State | Zip Code | - | 20.00 |
| - 1 | West Monroe | LA | 71291 | | action ID : c2b0ba16-ccb5-471d-a of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 7 2014 |
| I | Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| | Full Name of Payee Janet Morris | | | | of Public Distribution/Dissemination |
| 1 | Mailing Address 620 Old Barbome Rd Lot 2 | | | Amou | nt |
| (| City | State | Zip Code | | 20.00 |
| | West Monroe | LA | 71291 | | oction ID : 9a0f46cd-0696-4bb1-a of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 / 2014 |
| - | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| | Ms. Mary L Landrieu | | X Oppose | Presid | ent Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | ,, | 233263.10 | Disbursemer 2014 C | other (specify) ► |
| (a |) SUBTOTAL of Itemized Independent Expenditures | S | | . | 40.00 |
| (b | substotal of Unitermized Independent Expenditure | ures | | • | |
| (с | r) TOTAL Independent Expenditures | | | ·· • | 7 1 7 1 7 |
| wi | nder penalty of perjury I certify that the independer th, or at the request or suggestion of, any candidat arty committee) any political party committee or its a | te or authorized | | | |
| | Ms. Emily Buchanan | [Electron | cically Filed] Date | e 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | | | | |

| Schedule E) | INT EXICID | ITOTILO | | PAGE 40 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------------|----------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | X New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y = Y |
| Full Name of Payee Ruthie M Thompson | | | M = M | |
| Mailing Address 286 Wrenn Drive | | | Amount | 03 2014 |
| City | State | Zin Codo | | 15.00 |
| Lexington | NC | Zip Code 27292 | | on ID : 298959c0-f37a-4dda-b sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M = M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursement For 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee Ruthie M Thompson | | | M = M | |
| Mailing Address 286 Wrenn Drive | | | Amount | 03 2014 |
| City | State | Zip Code | | 3.60 |
| Lexington | NC | 27292 | | n ID: b8734bb7-3c78-4caa-9 sbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | · · · · · · · | 1092082.37 | Disbursement For 2014 Other | r: |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 18.60 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | | |
| | | | | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candrage party committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / D | |
| Signataro | | | | |

| | | | | | | FOR SE OF | FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----------|---------------------|--------------------|---------------------------------------|----------------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION | ON NUMBER ▼ |
| Women Speak Out PAC | | | | | С | C00530766 | |
| Check if 24-hour report 48-hour report | New repo | ort Am | ends repo | | и = м | / D = D / | Y I Y I Y I Y |
| Full Name of Payee | | | | Date | of Publi | ic Distribution/ | Dissemination |
| Marilyn A Holt | | | | | 11 | 03 | 2014 |
| Mailing Address 314 Tumbleweed Dr | | | | Amou | ınt | | |
| City | State | Zip Code | | $-\Gamma$ | | | 15.00 |
| Winston Salem | NC | 27127 | | Trans Date | saction of Disb | ID: 642fc1d1- ursement or C | -ae58-40e7-8 Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | 11 | 03 | 2014 |
| Name of Federal Candidate | | | Support | Office Sough | nt: | House | District:00 |
| Ms. Kay Hagan | | X | Oppose | Presid | ent [| Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | | Disbursemer 2014 | | Primary pecify) ▶ | X General |
| Full Name of Payee Marilyn A Holt Mailing Address 314 Tumbleweed Dr | | | | | M M 11 | lic Distribution/ | Dissemination 2014 |
| | | | | Amou | ınt | | |
| City | | Zip Code | |] L. | | | 10.80 |
| Winston Salem | NC | 27127 | | | | D: d2195c06- oursement or C | |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | | 11 11 | 03 | 2014 |
| Name of Federal Candidate | | | Support | Office Sough | ht: | House | District: 00 |
| Ms. Kay Hagan | | X | Oppose | Presid | lent [| Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 1092082.3 | 7 | Disbursemen 2014 | | Primary | X General |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | · [| | 7 | 25.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | | · [| | 7 | |
| (c) TOTAL Independent Expenditures | | | | · [| | 7 | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | | | | |
| Ms. Emily Buchanan | [Electroni | cally Filed] | Date | 11 | 05 | 201 | |
| Signature | | | | | | | |

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OF

| , | | FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee April A Watson | D | ate of Public Distribution/Dissemination |
| · | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 30217 Crook Rd | A | mount |
| City | tate Zip Code | 10.00 |
| 0.010.0 | | ransaction ID : a5b32023-049a-434d-8 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Greg Orman | ∑ Oppose □ Pre | esident X Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 248067.91 Disburse 2014 | ment For: |
| Full Name of Payee April A Watson Mailing Address 30217 Crook Rd | | nate of Public Distribution/Dissemination |
| City | itate Zip Code | 25.20 |
| 1 ' | MO 64734 Tr a | ansaction ID : 53d549a7-970e-4c0d-a late of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Greg Orman | ∑ Oppose | esident X Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 248067.91 Disburse 2014 | ement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | 35.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | s | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 11 | 05 / 2014 |
| Signature | | |

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OF

| Schedule E) | | 1101120 | | PAGE 43 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-----------------------------|-------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Avery Watson | | | Date of Pu | ablic Distribution/Dissemination |
| Mailing Address 30217 Crook Rd | | | Amount | 03 2014 |
| | | | | 40.00 |
| City Cleveland | State MO | Zip Code 64734 | | 12.00 on ID : a0738b61-143b-483d-8 sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Dia | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee Barbara A Williams | | | Date of Pu | |
| Mailing Address 3002 Darden Rd | | | Amount | 03 2014 |
| Apt A | | | | |
| City Greensboro | State NC | Zip Code 27407 | | 75.00 n ID : 371f5eee-53fd-41ed-9 sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement For 2014 Other | r: Primary X General (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | — | 87.00 |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | · | 4 4 6 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | e 11 0 | |
| Signature | | | | |

| Schedule E) | IN EXIEND | ITOTILO | | PAGE 44 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|-----------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of P | ublic Distribution/Dissemination |
| Cayenne C Corbin | | | 11 | 03 / 2014 |
| Mailing Address 1851 S Laura St | | | Amount | |
| City | State | Zip Code | | 10.00 |
| Wichita | KS | 67211 | | on ID : 4c47bfbb-f3b0-4515-a visbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | ; | 248067.91 | Disbursement Fo | or: Primary X General (specify) ▶ |
| Full Name of Payee | | | Date of F | Public Distribution/Dissemination |
| Cayenne C Corbin | | | M 11 | 03 2014 |
| Mailing Address 1851 S Laura St | | | Amount | |
| City | State | Zip Code | | 7.50 |
| Wichita | KS | 67211 | | on ID: 61d4634d-b35c-459f-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For 2014 Other | or: |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | | 17.50 |
| (4) 3 3 3 3 3 3 3 3 3 3 | | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or | lidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | | |

| | | | | | | | FOR SE OF | FORM 24/48 |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|------------|--------------------|--------|----------------------------------|---------------------------------|
| | OF COMMITTEE (In Full) | | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| vvon | nen Speak Out PAC | | | | | С | C00530766 | |
| Check i | f X 24-hour report 48-hour report | New repo | ort Am | nends repo | | M = M | / D D / | Y = Y = Y |
| | Name of Payee aniel M Qauckenbush | | | | Date | of Pub | olic Distribution/ | Dissemination |
| | | | | | | M M M | 03 | 2014 |
| Mai | lling Address 12062 NC 902 Hwy | | | | Amo | unt | | |
| City | State | | Zip Code | | | | | 72.50 |
| Ве | ar Creek NC | | 27207 | | | | n ID: e7497888 bursement or C | |
| | pose of Expenditure lary | | Category/ Type | 001 | | M M M | 03 | 2014 |
| Nar | ne of Federal Candidate | | | Support | Office Soug | ht: | House | District: 00 |
| Ms | . Kay Hagan | | | Oppose | Presid | | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | | Disburseme | | Primary specify) ▶ | General |
| D: | Name of Payee aniel M Qauckenbush iling Address 12062 NC 902 Hwy | | | | Date | M M M | Distribution/ | Dissemination Y Y Y Y Y Y 2014 |
| | | | | | AIIIC | unt | | |
| City | | | Zip Code | | | n a t! | ID : 45-4-202 | 27.60 |
| <u> </u> | ear Creek NC | | 27207 | | | | ID: 15ada003- bursement or 0 | |
| | pose of Expenditure leage | | Category/ Type | 002 | $\exists \mid I$ | M M M | 03 | 2014 |
| Naı | me of Federal Candidate | | | Support | Office Soug | jht: | House | District: 00 |
| Ms | s. Kay Hagan | | \boxtimes | Oppose | Presi | dent | X Senate | State: NC |
| \bot | Calendar Year-To-Date Per Election for Office Sought | -, | 1092082.3 | 37 | Disburseme 2014 | | Primary | General |
| (a) \$ | SUBTOTAL of Itemized Independent Expenditures | | | | • | | 7 | 100.10 |
| (b) \$ | SUBTOTAL of Unitemized Independent Expenditures | | | | • | | F 1 2 4 | |
| (c) 1 | FOTAL Independent Expenditures | | | | · _ | | 7 | |
| with, | er penalty of perjury I certify that the independent expe or at the request or suggestion of, any candidate or au or committee) any political party committee or its agent. | | | | | | | |
| _ | | Electroni | cally Filed] | Date | 11 | 05 | D / Y Y 201 | |
| S | ignature | | | | | | | |

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| Schedule E) | INT EXI END | ITOTILO | | PAGE 46 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------------------|-----------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date o | f Public Distribution/Dissemination |
| Kevin L Battle | | | | 11 03 2014 |
| Mailing Address 3300 Asher Ave | | | Amour | ıt |
| City | State | Zip Code | | 90.00 |
| Little Rock | AR | 72204 | | action ID: 569393ed-d269-444e-b f Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | , , , , | 280777.85 | Disbursement 2014 Ot | For: Primary ⊠ General her (specify) ▶ |
| Full Name of Payee | | | Date o | of Public Distribution/Dissemination |
| Kevin L Battle | | | | 11 03 / Y Y Y Y Y Y |
| Mailing Address 3300 Asher Ave | | | Amour | nt |
| City | State | Zip Code | | 63.00 |
| Little Rock | AR | 72204 | | ction ID : 6b3f43b2-bc79-4213-8 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Preside | nt Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | · · · · · · | 280777.85 | Disbursement 2014 Ot | For: Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 153.00 |
| | | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | • • | 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / | 05 / 2014 |
| ~ | | | | |

| Sched | lule E) | | | | PAGE 47 OF 134 FOR SE OF FORM 24/48 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|---------------------|----------------------------------------------------------------------|
| | DF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Wom | nen Speak Out PAC | | | | C C00530766 |
| Check if | f 🔀 24-hour report 🗌 48-hour report | New repo | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Be | Name of Payee enjamin L Heitman | | | | of Public Distribution/Dissemination |
| Mail | ing Address 2520 Helmstetler Rd | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | - | 83.00 |
| | kington | NC | 27295 | | action ID : f7405f85-e98d-412c-8 of Disbursement or Obligation |
| Purp Sal | pose of Expenditure ary | | Category/ Type 001 | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Nan | ne of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. | Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | Disbursemen 2014 O | tt For: |
| Be | Name of Payee enjamin L Heitman ling Address 2520 Helmstetler Rd | | | | of Public Distribution/Dissemination |
| | | | | Amou | ınt |
| City | kington | State NC | Zip Code 27295 | | 11.10 action ID : 6631dabf-0d84-45c9-9 of Disbursement or Obligation |
| | pose of Expenditure eage | | Category/ Type 002 | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Nan | ne of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. | Kay Hagan | | Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | 7 7 | 1092082.37 | Disbursemer 2014 | nt For: Primary |
| (a) S | SUBTOTAL of Itemized Independent Expenditur | es | | | 94.10 |
| (b) S | SUBTOTAL of Unitemized Independent Expendi | tures | | | |
| (c) T | OTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| with, | r penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its | ate or authorized | | | |
| _ | Ms. Emily Buchanan | [Electron | ically Filed] Date | 11 | 05 2014 |
| Si | gnature | | | | |

| Schedule E) | = /(1 = | | | PAGE 48 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------------------|----------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New repo | port Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Payee Gary W Fuhrmann | | | M | of Public Distribution/Dissemination |
| Mailing Address 9425 Jessica Drive | | | Amour | 11 03 2014 |
| City | State | Zip Code | - | 65.00 |
| Shreveport | LA | 71106 | | action ID : 4018cedc-19c1-4a10-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | Disbursement 2014 Ot | For: Primary X General |
| Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive | | | | of Public Distribution/Dissemination |
| 9425 Jessica Drive | | | Amour | nt |
| City | State | Zip Code | | 20.40 |
| Shreveport | LA | 71106 | | ction ID: 238a9663-04b7-45e4-a of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought | t: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | ent X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement 2014 Ot | t For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | . | 85.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| | | | FOR SE OF FORM 24/48 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------|
| | E OF COMMITTEE (In Full) | FEC II | DENTIFICATION NUMBER ▼ |
| VVC | omen Speak Out PAC | C | C00530766 |
| Chec | ck if 24-hour report 48-hour report New report Amends report filed | on M M / | / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public | c Distribution/Dissemination |
| | Christopher Marquess | 11 | 03 2014 |
| ľ | Mailing Address 110 W Pecan St | Amount | |
| | City State Zip Code | L | 60.00 |
| ı | Ville Platte LA 70586 | | ID: 1b3d4dbd-e3dd-4d4b-8 ursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 | 03 / 2014 |
| 1 | Name of Federal Candidate Support Office | Sought: | House District: 00 |
| | Ms. Mary L Landrieu Oppose | President 2 | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 233263.10 | sement For: Other (sp | Primary |
| | Full Name of Payee Christopher Marquess | Date of Publi | ic Distribution/Dissemination |
| 1 | Mailing Address 110 W Pecan St | Amount | |
| (| City State Zip Code | : : : | 38.10 |
| | Ville Platte LA 70586 | | D: 957236ce-1ec0-4d47-8 ursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 | 03 2014 |
| | Name of Federal Candidate Support Office | Sought: | House District: 00 |
| L | Ms. Mary L Landrieu Oppose | President | Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 233263.10 | rsement For: Other (sp | Primary ⊠ General pecify) ► |
| (а |) SUBTOTAL of Itemized Independent Expenditures | | 98.10 |
| (b | SUBTOTAL of Unitemized Independent Expenditures | | |
| (с |) TOTAL Independent Expenditures | 7 | |
| wi | nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | M / D D D 05 | 2014 |
| | Signature | | |

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OF

| | FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if Z 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | te of Public Distribution/Dissemination |
| Ceslie A Benner | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2081 Knob Hill Rd | nount |
| City State Zip Code | 70.00 |
| Azle TX 76020 Tra | ansaction ID: 87512a94-5b2a-46d8-a tte of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 7 2014 |
| Name of Federal Candidate Support Office Soil | ught: House District:00 |
| Mr. Mark L Pryor Oppose Pre | sident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 280777.85 Disbursen 2014 | |
| | Other (specify) |
| Full Name of Payee Ceslie A Benner | ate of Public Distribution/Dissemination |
| Mailing Address 2081 Knob Hill Rd | 11 03 2014 |
| | illount |
| City State Zip Code | 41.10 |
| Da | nsaction ID: d96b7a44-f517-41bd-a ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| Name of Federal Candidate Support Office So | ught: House District: 00 |
| | sident Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburser 280777.85 Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 111.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 | 05 2014 |
| Signature | |

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OF

| Schedule E) | TI EXI EIGE | ITOTILO | | PAGE 51 OF 134 FOR SE OF FORM 24/48 | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|----------------------------------|--------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ | | |
| Women Speak Out PAC | vomen Speak Out PAC | | | | | |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y | | |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination | | |
| Julie M Gentry | | | M M 11 | 03 / 2014 | | |
| Mailing Address 314 S Main St | | | Amount | | | |
| City | State | Zip Code | | 72.50 | | |
| Roxboro | NC | 27573 | | ID: 709db60f-edba-4a8b-b ursement or Obligation | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | 03 / 2014 | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | |
| Ms. Kay Hagan | | Oppose | | Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | , 10 | 092082.37 | Disbursement For: 2014 Other (sp | Primary | | |
| Full Name of Payee | | | Date of Publi | ic Distribution/Dissemination | | |
| Julie M Gentry | | | M M M 11 | 03 / 2014 | | |
| Mailing Address 314 S Main St | | | Amount | | | |
| City | State | Zip Code | | 18.75 | | |
| Roxboro | NC | 27573 | | D : ef545b91-7934-4724-8 ursement or Obligation | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 2014 | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 1092082.37 | Disbursement For: 2014 Other (sp | Primary X General pecify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | | 91.25 | | |
| | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | • | 7 | | |
| (c) TOTAL Independent Expenditures | | | • | 1 1 2 1 1 2 1 | | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 05 | 2014 | | |
| 3 | | | | | | |

| | | | | FOR SE OF FORM 24/48 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|-----------------------------------------------------|
| | OF COMMITTEE (In Full) | | FEC I | DENTIFICATION NUMBER ▼ |
| vvom | nen Speak Out PAC | | C | C00530766 |
| Check it | f X 24-hour report 48-hour report New report Ame | ends report filed on | M = M | / D = D / Y = Y = Y |
| | Name of Payee | D | ate of Publ | ic Distribution/Dissemination |
| | /ler A Jost | | M = M | 03 2014 |
| Mail | ling Address 1830 College Height Rd | А | mount | |
| City | State Zip Code | — Г | | 20.00 |
| | nhattan KS 66502 | | | ID: d943903f-a0f4-45e6-b oursement or Obligation |
| | pose of Expenditure Category/ Type | 001 | M M | 03 2014 |
| Nan | ne of Federal Candidate | Support Office S | ought: | House District:00 |
| Mr. | 0.000 | | | Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought 248067.91 | Disburse 2014 | ement For: Other (s | Primary |
| | Name of Payee /ler A Jost | | Date of Publ | lic Distribution/Dissemination |
| | ling Address 1830 College Height Rd | | 11 | 03 / 2014 |
| | | A | Amount | |
| City | State Zip Code | | | 4.80 |
| | anhattan KS 66502 | | | ID: 18e12898-6f02-47fb-8 pursement or Obligation |
| | pose of Expenditure cage Category/ Type | 002 | 11 M | 03 2014 |
| Nar | me of Federal Candidate | Support Office S | ought: | House District: 00 |
| Mr. | Greg Orman | Oppose Pr | resident | Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought 248067.91 | | ement For: Other (s | Primary |
| (a) S | SUBTOTAL of Itemized Independent Expenditures | | | 24.80 |
| (b) S | SUBTOTAL of Unitemized Independent Expenditures | ······ | | |
| (c) T | TOTAL Independent Expenditures | ······· [| | 4 4 |
| with, | or penalty of perjury I certify that the independent expenditures reported her or at the request or suggestion of, any candidate or authorized committee or committee) any political party committee or its agent. | | | |
| | Ms. Emily Buchanan [Electronically Filed] | Date 11 | / D D D | 2014 |
| Si | ignature | | | |

PAGE 52

OF

| Schedule E) | NOLI ENDENT EXI END | | | PAGE 53 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 4 | 18-hour report New report | ort Amends repo | ort filed on | D = D / Y = Y = Y |
| Full Name of Payee Paulette M Carrieri | | | M = M | c Distribution/Dissemination |
| Mailing Address 4805 TuPenny I | _ane | | Amount | 03 2014 |
| City | State | Zip Code | | 60.00 |
| Raleigh | NC | 27606 | | ID: 113b32ff-a3a4-48c6-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Soug | ht 10 | 092082.37 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee Paulette M Carrieri Mailing Address 4805 TuPenn | y Lane | | Date of Public 11 Amount | c Distribution/Dissemination |
| | | | Amount | |
| City Raleigh | State NC | Zip Code 27606 | | 21.00 D: 549f06c1-caea-4501-9 ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Soug | ght | 1092082.37 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| (a) SUBTOTAL of Itemized Indep | endent Expenditures | | • | 81.00 |
| (b) SUBTOTAL of Unitemized Ind | lependent Expenditures | | - > | 1 4 1 4 |
| (c) TOTAL Independent Expenditu | ures | |) | 1 1 7 1 1 7 1 |
| | that the independent expenditures ion of, any candidate or authorized y committee or its agent. | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 11 05 | / Y Y Y Y Y Y 2014 |
| Signature | | | | |

| Schedule E) | | 1101120 | | PAGE 54 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|---------------------------------|----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if X 24-hour report 48-ho | our report X New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Diane Smith | | | Date of Publ | ic Distribution/Dissemination |
| Mailing Address 4006 Wolkswalk Pla | | | 11 | 03 / 2014 |
| 4000 WUIKSWAIK FIA | ce | | Amount | |
| City | State | Zip Code | | 20.00 |
| Raleigh | NC | 27610 | | ID: 60629ae3-1dc4-4681-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M - M 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee | | | Date of Publ | ic Distribution/Dissemination |
| Diane Smith | | | M M M 11 | 03 2014 |
| Mailing Address 4006 Wolkswalk F | Place | | | 03 2017 |
| | | | Amount | |
| City | State | Zip Code | | 0.30 |
| Raleigh | NC | 27610 | | D: 7d4695e6-34ab-4712-a cursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 M | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent | ent Expenditures | |) | 20.30 |
| (b) SUBTOTAL of Unitemized Independent | ndent Expenditures | | | 4 |
| (c) TOTAL Independent Expenditures | | | > | |
| Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co | of, any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 11 05 | 2014 |
| Signature | | _ | | |

| Schedule E) | I EXI END | TOTILO | | PAGE 55 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | rt filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Felicia A Jones | | | | Public Distribution/Dissemination |
| Mailing Address 4106 Martha St | | | | 1 03 2014 |
| | | | Amount | |
| City | State | Zip Code | TI: | 90.00 |
| Shreveport | LA | 71109 | | ction ID : c6882640-c153-43b4-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 1 | 1 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | state: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , 2 | 33263.10 | Disbursement 2014 Oth | For: Primary X General Primary Primary Repectify) ► |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Felicia A Jones | | | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4106 Martha St | | | Amount | |
| City | State | Zip Code | | 11.10 |
| Shreveport | LA | 71109 | | tion ID : 7fd2f4d8-25d1-42f4-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 1 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Presider | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 233263.10 | Disbursement 2014 Oth | For: Primary X General ner (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditure | 9S | | | 101.10 |
| ,, | | | · - | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | • • | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | te or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 05 / 2014 |
| Gigriature | | | | |

| Sc | hedule E) | L /(1 L (1). | 101120 | | PAGE 56 OF 134 FOR SE OF FORM 24/48 | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------|---------------------|-------------------------------------------------------------------|---------------|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER | $\overline{}$ |
| W | omen Speak Out PAC | | | | C C00530766 |] |
| Che | eck if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | | |
| T | Full Name of Payee Lee R Carter | | | | of Public Distribution/Dissemination | |
| ŀ | Mailing Address 3110 Brentwood Rd | | | Amou | 11 03 2014 unt | الـ |
| ŀ | City | State | Zip Code | | 97.50 | ٦! |
| | Raleigh | NC | 27604 | | saction ID: 5cc12684-6d6b-411a-b of Disbursement or Obligation | - |
| | Purpose of Expenditure Salary | | Category/ Type 001 | M | 11 03 7 2014 |] |
| ŀ | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 | |
| | Ms. Kay Hagan | | X Oppose | Preside | ent Senate State: NC | |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursemen 2014 O | nt For: | I |
| | Full Name of Payee Lee R Carter | | | | of Public Distribution/Dissemination | 7 |
| | Mailing Address 3110 Brentwood Rd | | | Amou | unt | 7 |
| ľ | City | State | Zip Code | | 13.50 | |
| | Raleigh Purpose of Expenditure | NC | 27604 | | action ID: 83b4c24d-6be7-4d1b-a of Disbursement or Obligation | |
| | Mileage | | Category/ Type 002 | | 11 03 / 2014 | |
| | Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 | _ |
| | Ms. Kay Hagan | | X Oppose | Preside | lent Senate State: NC | _ |
| | Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursemen 2014 | nt For: | ıl |
| (| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | 111.00 | |
| (| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | - | 171171171 | |
| (| (c) TOTAL Independent Expenditures | | | - | |] |
| ٧ | Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | e 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| | Signature | | | | | |

| Schedule E) | EXI END | TI OTILO | | PAGE 57 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------------|--------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Mary Catherine Toburen | | | M = M | olic Distribution/Dissemination |
| Mailing Address 1222 SE 44 St | | | Amount | 03 2014 |
| City | State | Zip Code | | 57.50 |
| Торека | KS | 66609 | | n ID : 34253e67-6d31-463b-9 bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For: 2014 Other (s | Primary ⊠ General |
| Full Name of Payee | | | Date of Pub | olic Distribution/Dissemination |
| Gabriela P Sosa | | | M = M | 03 2014 |
| Mailing Address 2530 Brook Stone Dr | | | Amount | |
| City | State | Zip Code | | 90.00 |
| Clemmons | NC | 27012 | | ID: e90813cb-ebb5-4a93-9 bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 1092082.37 | Disbursement For: 2014 Other (| Primary X General Specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | tures | | > | 147.50 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | | |
| (c) TOTAL Independent Expenditures | | | | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or | lidate or authorize | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | e 11 05 | |
| Signature | | | | |

| Schedule E) | - /(1 | 10.120 | | | | PAGE 58 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-----------|--------------------|------------------------|--------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | | | C00530766 |
| Check if 24-hour report 48-hour report | X New repo | ort Ame | ends repo | rt filed on | M = M / | D = D / Y = Y = Y |
| Full Name of Payee Gabriela P Sosa | | | | | of Public | Distribution/Dissemination |
| Mailing Address 2530 Brook Stone Dr | | | | Amo | 11 unt | 03 2014 |
| City | toto | 7in Codo | | | | 10.00 |
| 1 ' | tate NC | Zip Code 27012 | | | | 18.00 D: dedeedd1-5260-4962-8 rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | | M M / | 03 / 2014 |
| Name of Federal Candidate | | s | Support | Office Soug | ht: | House District:00 |
| Ms. Kay Hagan | | |)ppose | Presid | dent > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | | Disburseme | nt For: Other (sp | Primary |
| Full Name of Payee Michael D English | | | | Date | of Public | Distribution/Dissemination |
| Mailing Address F4 Benton Ave Apt 4 | | | | Amo | 11 ount | 03 2014 |
| City | tate | Zip Code | | $ \Gamma$ | | 60.00 |
| Searcy | AR | 72149 | | Trans Date | saction ID of Disbu | D : 7ab7990b-3a40-4818-9 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | 11 / | 03 2014 |
| Name of Federal Candidate | | | Support | Office Soug | jht: | House District: 00 |
| Mr. Mark L Pryor | | X | Oppose | Presi | dent > | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | | Disburseme 2014 | ent For: Other (sp | Primary X General Decify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | | 78.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | e | | | | 7 | |
| (b) SOBTOTAL OF OFFICE HIGHERIZED HIGHERIZED | S | | | • | 7 | 4 |
| (c) TOTAL Independent Expenditures | | | | • | 7 | |
| Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age | or authorized | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date | M M / | 05 | / Y Y Y Y Y 2014 |
| Signature | | _ | | | | |

| Sched | dule E) | - - | 101120 | | PAGE 59 OF 134 FOR SE OF FORM 24/48 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|-------------------------|----------------------------------------------------------------------|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Won | nen Speak Out PAC | | | | C C00530766 |
| Check i | if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y |
| | I Name of Payee lichael D English | | | | of Public Distribution/Dissemination |
| Mai | iling Address F4 Benton Ave Apt 4 | | | Amour | 11 03 2014 nt |
| City | <u>.</u> | State | 7:n Codo | | 28 50 |
| City Se | y earcy | AR | Zip Code 72149 | | 28.50 action ID : 56ec180d-857a-4981-a of Disbursement or Obligation |
| | rpose of Expenditure leage | | Category/ Type 002 | М | 11 03 2014 |
| Nar | me of Federal Candidate | | Support | Office Sought | :: House District: 00 |
| Mr. | . Mark L Pryor | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disbursement 2014 Ot | For: Primary X General her (specify) ▶ |
| Full Eı | Name of Payee ric J Smith | | | | of Public Distribution/Dissemination |
| Ma | uiling Address 4967 Dysartville | | | Amour | 11 03 2014 nt |
| City | | State | Zip Code | — I L. | 80.00 |
| | organton | NC | 28655 | | ction ID : e8f283ec-3352-4add-9 of Disbursement or Obligation |
| | rpose of Expenditure alary | | Category/ Type 001 | | 11 03 7 2014 |
| Naı | me of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms | s. Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement 2014 Of | t For: Primary X General |
| (a) § | SUBTOTAL of Itemized Independent Expenditures | s | | . • | 108.50 |
| (b) \$ | SUBTOTAL of Unitemized Independent Expenditu | ures | | · · | |
| (c) 1 | TOTAL Independent Expenditures | | | • | |
| with, | er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate y committee) any political party committee or its a | te or authorized | | | |
| _ | Ms. Emily Buchanan | [Electron | ically Filed] Date | M M / / | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| S | Signature | | | | |

| Schedule E) | VI EXI END | TIONES | | PAGE 60 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|-------------------------------|--------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | |
| Check if 24-hour report 48-hour report | X New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Jennifer E Smith | | | М = М | |
| Mailing Address 4967 Dysartsville Rd | | | Amount | 03 2014 |
| City | State | Zip Code | | 80.00 |
| Morganton | NC | 28655 | | on ID : 7d27fb65-9bdb-4607-8 isbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement Fo 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee | _ | | Date of P | ublic Distribution/Dissemination |
| Jennifer E Smith | | | M M | 03 / 2014 |
| Mailing Address 4967 Dysartsville Rd | | | | 03 2014 |
| | | | Amount | |
| City | State | Zip Code | | 9.30 |
| Morganton | NC | 28655 | | n ID : 48d97742-ecfe-42fa-9 isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement Fo 2014 Other | r: Primary X General (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | . ▶ | 89.30 |
| (b) SUBTOTAL of Unitemized Independent Expend | litures | | ·· • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 5 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | |)5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Sc | hedule E) | EM EITE. | 101120 | | | | PAGE 61 OF 134 FOR SE OF FORM 24/48 | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------|------------|--------------------|----------------------------|-------------------------------------------------------|--|
| | AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | | | |
| W | omen Speak Out PAC | | | | | | C00530766 | |
| Che | eck if 24-hour report 48-hour report | New repo | ort Am | nends repo | ort filed on | M = M / | / D = D / Y = Y = Y | |
| T | Full Name of Payee Logan B Piper | | | | | of Public | c Distribution/Dissemination | |
| - | Mailing Address 3205 Pebble Beach Rd | | | | Amor | 11 | 03 2014 | |
| - | Oth . C | 24.04.0 | Zin Codo | | | | 56.00 | |
| | - ' | State AR | Zip Code 72034 | | | | 56.00 ID: 8d85c67d-3ec4-4e6b-a ursement or Obligation | |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | M M M 11 | 03 2014 | |
| ŀ | Name of Federal Candidate | | <u> </u> | Support | Office Soug | ht: | House District:00 | |
| | Mr. Mark L Pryor | | | Oppose | | President Senate State: AR | | |
| | Calendar Year-To-Date Per Election for Office Sought | 280777.85 Disb 2014 | | | | nt For: Other (sp | Primary | |
| - | Full Name of Payee Logan B Piper | | | | Date | of Publi | c Distribution/Dissemination | |
| | Mailing Address 3205 Pebble Beach Rd | | | | Amo | unt | | |
| ľ | City | State | Zip Code | | | L_0 | 23.52 | |
| | | AR | 72034 | | Trans Date | of Disbu | D: b7d515d8-9e66-41a5-b ursement or Obligation | |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 |] [| 11 M | 03 2014 | |
| | Name of Federal Candidate | | | Support | Office Soug | ht: | House District: 00 | |
| | Mr. Mark L Pryor | | X | Oppose | Presid | dent | Senate State: AR | |
| | Calendar Year-To-Date Per Election for Office Sought | | 280777.8 | 5 | Disburseme 2014 | nt For: Other (sp | Primary | |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | | • [| | 79.52 | |
| (| (b) SUBTOTAL of Unitemized Independent Expenditure: |)S | | | · • [| | | |
| (| (c) TOTAL Independent Expenditures | | | | · [| | | |
| W | Under penalty of perjury I certify that the independent of vith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age | or authorized | | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | M M / | 05 | 2014 | |
| | Signature | | | | | | | |

| | • | FOR SE OF FORM 24/48 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ie of committee (in full) omen Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ |
| v v (| omen Speak Suct No | C C00530766 |
| Ched | ck if 24-hour report 48-hour report New report Amends report file | d on Mam / Dab / Yayayay |
| | Full Name of Payee Brenda L McCune | Date of Public Distribution/Dissemination |
| L | | 11 03 2014 |
| | Mailing Address 1254 Fleming St Apt 6 | Amount |
| (| City State Zip Code | 145.00 |
| L | Conway AR 72032 | Transaction ID : 42d1d942-6b57-407f-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 / 2014 |
| Ī | Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disk 280777.85 | |
| H | Full Name of Payee | Other (specify) |
| | Brenda L McCune | Date of Public Distribution/Dissemination |
| | Mailing Address 1254 Fleming St Apt 6 | Amount |
| - | City State Zip Code | 53.10 |
| | Conway AR 72032 | Transaction ID : 9bc46367-6250-442a-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| | Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disk 280777.85 | oursement For: Primary General Other (specify) ▶ |
| (a | a) SUBTOTAL of Itemized Independent Expenditures | 198.10 |
| (k | b) SUBTOTAL of Unitemized Independent Expenditures | |
| (0 | c) TOTAL Independent Expenditures | |
| W | nder penalty of perjury I certify that the independent expenditures reported herein were not n ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent. | |
| | Dato | 11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

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| Schedule E) | NI EXI END | ITOTILO | | PAGE 63 OF 134 FOR SE OF FORM 24/48 | | | |
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| AME OF COMMITTEE (In Full) Nomen Speek Out DAC | | | | | | | |
| Women Speak Out PAC | | | С | C00530766 | | | |
| Check if X 24-hour report 48-hour report New report Amends report filed on | | | | | | | |
| Full Name of Payee Zachary Vidrine | | | Date of Publi | c Distribution/Dissemination | | | |
| Mailing Address 202 Rue Des Cajun | | | Amount | 03 2014 | | | |
| | | | | | | | |
| City Ville Platte | State LA | Zip Code 70586 | | 50.00 ID : f950dd7e-dc10-4a89-b | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbl | ursement or Obligation / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | | |
| Ms. Mary L Landrieu | | X Oppose | | President Senate State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement For: 2014 Other (sp | Primary | | | |
| Full Name of Payee | | | Date of Publi | ic Distribution/Dissemination | | | |
| Zachary Vidrine | | | M = M 11 | 03 2014 | | | |
| Mailing Address 202 Rue Des Cajun | | | Amount | | | | |
| City | State | Zip Code | | 18.00 | | | |
| Ville Platte | LA | 70586 | | D: c7b6ef83-459b-4269-9 ursement or Obligation | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 11 | 03 / 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 | | | |
| Ms. Mary L Landrieu | | Oppose | President | Senate State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 233263.10 | Disbursement For: 2014 Other (sp | Primary X General pecify) ▶ | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | | 68.00 | | | |
| (b) SUBTOTAL of Unitemized Independent Expendent | diturae | | | | | | |
| (b) 300101AE of Officeringed independent Experio | iliuies | | • | 49- | | | |
| (c) TOTAL Independent Expenditures | | | • | 1 1 7 1 1 7 1 | | | |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorized | | | | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 05 | 2014 | | | |
| Jigiliataio | | | | | | | |

| Schedule E) | | PAGE 64 OF 134 FOR SE OF FORM 24/48 | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|--|--|--|--|--|
| IAME OF COMMITTEE (In Full) | | | | | | | |
| Women Speak Out PAC | | C00530766 | | | | | |
| Check if 24-hour report 48-hour report New report A | mends report filed on | M / D = D / Y = Y = Y | | | | | |
| Full Name of Payee Alice K Salazar | M | | | | | | |
| Mailing Address 605 W Houston St | 11 Amount | 03 2014 | | | | | |
| City State Zip Code | | 80.00 | | | | | |
| Marshall TX 75633 | | tion ID: 84d867ef-1a82-4982-a Disbursement or Obligation | | | | | |
| Purpose of Expenditure Salary Category Typ | // 001 | M / D D / Y Y Y Y | | | | | |
| Name of Federal Candidate | Support Office Sought: | House District:00 | | | | | |
| Ms. Mary L Landrieu | Oppose President | Senate State: LA | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 233263.10 | Disbursement F 2014 Othe | or: Primary X General or (specify) ▶ | | | | | |
| Full Name of Payee Alice K Salazar | M | | | | | | |
| Mailing Address 605 W Houston St | 11 | 03 2014 | | | | | |
| City State Zip Code | | 51.00 | | | | | |
| Marshall TX 75633 | | on ID : ab48f2cf-5052-4f10-9 Disbursement or Obligation | | | | | |
| Purpose of Expenditure Mileage Category Typ | | | | | | | |
| Name of Federal Candidate | Support Office Sought: | House District:00 | | | | | |
| Ms. Mary L Landrieu | Oppose President | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 233263. | Disbursement F 2014 Othe | for: | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 131.00 | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······································ | 7 1 1 7 1 1 7 1 | | | | | |
| (c) TOTAL Independent Expenditures | · · · · · · · · · · · · · · · · · · · | 7 1 7 1 7 | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent. | | | | | | | |
| Ms. Emily Buchanan [Electronically Filed] | Date 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | | |
| Signature | | | | | | | |

| Schedule E) | | | | PAGE 65 OF 134 FOR SE OF FORM 24/48 | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|----------------------|---------------------------------------------------------------|--|--|--|
| AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | | | |
| Women Speak Out PAC | | | | C C00530766 | | | |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | M / D D / Y B Y B Y B Y | | | |
| Full Name of Payee Gregory Green | | | | of Public Distribution/Dissemination | | | |
| Mailing Address 2506 Bolch Street | | | — L | 11 03 2014 | | | |
| | | | Amour | nt | | | |
| City | State | Zip Code | | 80.00 | | | |
| Shreveport | LA | 71104 | | action ID: e71969a4-884e-4874-8 If Disbursement or Obligation | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 11 03 / 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought | :: House District: 00 | | | |
| Ms. Mary L Landrieu | | X Oppose | Preside | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement 2014 Ot | For: Primary X General | | | |
| Full Name of Payee | | | | of Public Distribution/Dissemination | | | |
| Gregory Green | | | М | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Mailing Address 2506 Bolch Street | | | | للنبا لنا ل | | | |
| | | | Amour | nt | | | |
| City | State | Zip Code | | 82.80 | | | |
| Shreveport | LA | 71104 | | ction ID: 7717af29-ea87-44a5-9 of Disbursement or Obligation | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 / 9 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought | t: House District: 00 | | | |
| Ms. Mary L Landrieu | | X Oppose | Preside | ent Senate State: LA | | | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 233263.10 | Disbursement 2014 Of | t For: Primary | | | |
| - | | | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | • | 162.80 | | | |
| (b) SUBTOTAL of Unitemized Independent Expendit | :ures | | • | | | | |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 | | | |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ate or authorized | | | | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Signature | | | | | | | |

| | | | | FOR SE OF | FORM 24/48 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|----------------------------------|---------------|
| | ME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | | С | C00530766 | |
| Che | eck if X 24-hour report 48-hour report X New report X Amends report filed | on M | - M | / D = D / | Y = Y = Y = Y |
| Т | Full Name of Payee | Date of | of Pub | olic Distribution/ | Dissemination |
| | Karen Congema | М | 11 ^M | 03 | 2014 |
| | Mailing Address 813 Worthington Way | Amou | nt | | |
| ŀ | City State Zip Code | | | | 40.00 |
| | Wilmington NC 28411 | | | n ID: dc4fac3a bursement or C | -afd9-44ac-b |
| | Purpose of Expenditure Salary Category/ Type 001 | _ | 11 ^M | 03 | 2014 |
| Ì | Name of Federal Candidate Support Office | Sough | t: | House | District:00 |
| | Ms. Kay Hagan Oppose | Preside | | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | irsemen | | Primary specify) ▶ | X General |
| ŀ | Full Name of Payee | | | olic Distribution/ | Discomination |
| | Karen Congema | Date | 11 M | / DISTIBUTION/ | 2014 |
| | Mailing Address 813 Worthington Way | Amou | | | |
| ŀ | City State Zip Code | Г. | | | 4.80 |
| | Wilmington NC 28411 | | | ID: 5d294da1- bursement or 0 | |
| | Purpose of Expenditure Mileage Category/ Type 002 | M | 11 | 03 | 2014 |
| ľ | Name of Federal Candidate Support Office | Sough | t: | House | District: 00 |
| | Ms. Kay Hagan Oppose | Preside | ent | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | | | Primary specify) ▶ | General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 44.80 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | 1 - 2 | | |
| (| (c) TOTAL Independent Expenditures | | 1 - 4 | 7 | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | M / | 05 | | 4 |
| | Signature | | | | |

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OF

| Schedule E) | IDENT EXTENS | 1101120 | | PAGE 67 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|---------------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour repo | ort New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Gloria L Moyer | | | Date of Publ | lic Distribution/Dissemination |
| Mailing Address 1505 Dills Creek Lane | | | Amount | 03 2014 |
| City | State | Zip Code | | 5.00 |
| City Morehead | NC | 28557 | | ID: 537ba5d5-1f87-4b5e-b bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee Gloria L Moyer | | | Date of Pub | lic Distribution/Dissemination |
| Mailing Address 1505 Dills Creek Lane | | | Amount | 03 2014 |
| City | State | Zip Code | | 1.20 |
| Morehead | NC | 28557 | | ID: 00543466-0fd9-4067-a pursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 M | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement For: 2014 Other (s | Primary |
| (a) SUBTOTAL of Itemized Independent Exp | enditures | | > | 6.20 |
| (b) SUBTOTAL of Unitemized Independent E | expenditures | | . • | |
| (c) TOTAL Independent Expenditures | | | · • | |
| Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 11 05 | 2014 |
| Signature | | | | |

| Schedule E) | INI EXI END | TIONES | PAGE 68 FOR SE OF FO | OF 134 DRM 24/48 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|------------------------------------------------------------|---------------------|--|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION | NUMBER ▼ | | | |
| Women Speak Out PAC | | | C C00530766 | | | | |
| Check if 24-hour report 48-hour report New report Amends report filed on | | | | | | | |
| Full Name of Payee | | | Date of Public Distribution/Dis | semination | | | |
| Sommer E Cox | | | 11 / 03 / Y | 2014 | | | |
| Mailing Address 1519 Walshtown Rd | | | Amount | | | | |
| City | State | Zip Code | | 50.00 | | | |
| Boomer | NC | 28606 | Transaction ID : 7a0da6c0-77 Date of Disbursement or Obli | | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 03 / Y | 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: House Dis | trict: 00 | | | |
| Ms. Kay Hagan | | X Oppose | President Senate S | | | | |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement For: Primary 2014 Other (specify) ▶ | X General | | | |
| Full Name of Payee | | | Date of Public Distribution/Dis | semination | | | |
| Sommer E Cox | | | M M / D D / N | 2014 | | | |
| Mailing Address 1519 Walshtown Rd | | | Amount | | | | |
| City | State | Zip Code | | 8.10 | | | |
| Boomer | NC | 28606 | Transaction ID : f967ee8c-38f Date of Disbursement or Obli | | | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 03 | 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: House Dis | strict: 00 | | | |
| Ms. Kay Hagan | | Oppose | President Senate S | tate: NC | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 1092082.37 | Disbursement For: Primary 2014 Other (specify) ▶ | X General | | | |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | | 58.10 | | | |
| | | | 7 | | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • | | | | |
| (c) TOTAL Independent Expenditures | | | · | | | | |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y | | | |
| - 3 | | | | | | | |

| | FOR SE OF FORM 24/48 |
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| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed o | on M = M / D = D / Y = Y = Y |
| | Date of Public Distribution/Dissemination |
| Lisa A Hackett | 11 03 2014 |
| Mailing Address 137 S Palm ST | Amount |
| City State Zip Code | 45.00 |
| Winnabow NC 28479 | Transaction ID : 3d400977-ba19-40b9-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 / 2014 |
| Name of Federal Candidate Support Office S | Sought: House District:00 |
| Ms Kay Hagan | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Lisa A Hackett | Date of Public Distribution/Dissemination |
| | 11 03 2014 |
| Mailing Address 137 S Palm ST | Amount |
| City State Zip Code | 8.88 |
| | Transaction ID : 7a435ea0-0d88-4431-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 03 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 53.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| | | | | | | FOR SE OF | FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------|--------------------|----------|-------------------------------|--------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION | ON NUMBER ▼ |
| Women Speak Out PAC | | | | | С | C00530766 | |
| Check if 24-hour report 48-hour report | New repo | ort Am | iends repo | | / = M | / D = D / | Y Y Y Y |
| Full Name of Payee Christopher L Gilbert | | | | Date | of Publi | ic Distribution/ | Dissemination |
| · | | | | | 11 | 03 | 2014 |
| Mailing Address 55 Lovell Johnson Rd | | | | Amou | unt | | |
| City | State | Zip Code | | | | | 85.00 |
| Picayune | MS | 39466 | | | | ID: ee0444ca ursement or C | |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | 11 | 03 | 2014 |
| Name of Federal Candidate | | | Support | Office Sough | nt: | House | District: 00 |
| Ms. Mary L Landrieu | | \times | Oppose | Presid | ent [| X Senate | State:LA |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 33263.10 | | Disbursemen 2014 | | Primary pecify) ▶ | X General |
| Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johnson Rd | | | | | M M M | ic Distribution/ | Dissemination 2014 |
| -07 | Otata | 7: 0 1 - | | | - | | 47.40 |
| City Picayune | State MS | Zip Code 39466 | | | | D : 3369cb32- | |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | | of Disb | oursement or C | Obligation 2014 |
| Name of Federal Candidate | | | Support | Office Soug | ht: | House | District: 00 |
| Ms. Mary L Landrieu | | | Oppose | | L | Senate | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 233263.1 | 0 | Disburseme 2014 | | Primary | General |
| (a) SUBTOTAL of Itemized Independent Expenditures | 3 | | | . | 7 | 7 | 132.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | | • | | 7 | |
| (c) TOTAL Independent Expenditures | | | | · [| 7 | 7 | |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at | e or authorized | | | | | | |
| Ms. Emily Buchanan Signature | [Electroni | cally Filed] | Date | 11 / | 05 | / Y Y 201 | |
| Signature | | | | | | | |

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OF

| Schedule E) | | DEITI EX EILE | 1101120 | | PAGE 71 OF 134 FOR SE OF FORM 24/48 | | | |
|---------------------------------|--------------------------------------------------------|-------------------------|-----------------------|-------------------------|------------------------------------------------------------------------------|--|--|--|
| | AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | | | |
| Women S | peak Out PAC | | | | C C00530766 | | | |
| Check if X 24 | 4-hour report 48-hour repo | rt New rep | ort Amends repo | ort filed on | M / D D / Y B Y B Y B Y | | | |
| Full Name of Aldinink | of Payee Ka D Darensbourg | | | M | f Public Distribution/Dissemination | | | |
| Mailing Add | ress 8200 Palm St Apt 219 | | | Amoun | 11 03 2014 t | | | |
| City | | State | Zip Code | | 50.00 | | | |
| New Orlean | ns | LA | 70118 | | action ID : 9c4a1f05-2150-48d1-b f Disbursement or Obligation | | | |
| Purpose of Salary | Expenditure | | Category/ Type 001 | М | 11 03 2014 | | | |
| Name of Fe | ederal Candidate | | Support | Office Sought | : House District: 00 | | | |
| Ms. Mary L | Landrieu | | X Oppose | Preside | nt Senate State: LA | | | |
| | dar Year-To-Date ection for Office Sought | 2 | 233263.10 | Disbursement 2014 Ott | For: Primary X General her (specify) ▶ | | | |
| Full Name Aldinink Mailing Add | a D Darensbourg | | | M | of Public Distribution/Dissemination | | | |
| City | | State | Zip Code | | 1.20 | | | |
| New Orlea | ns | LA | 70118 | Transac Date o | ction ID : 75ac1d06-5cb6-4d16-9 f Disbursement or Obligation | | | |
| Purpose of Mileage | Expenditure | | Category/ Type 002 | М | 11 03 2014 | | | |
| Name of Fe | ederal Candidate | | Support | Office Sought | : House District:00 | | | |
| Ms. Mary L | Landrieu | | X Oppose | Preside | nt Senate State: LA | | | |
| | dar Year-To-Date ection for Office Sought | | 233263.10 | Disbursement 2014 Ot | For: Primary X General her (specify) ▶ | | | |
| (a) SUBTOT | AL of Itemized Independent Expe | enditures | | · [| 51.20 | | | |
| (b) SUBTOT | AL of Unitemized Independent Ex | xpenditures | | . • | 7 7 7 | | | |
| (c) TOTAL | ndependent Expenditures | | | · • | 7 7 7 | | | |
| with, or at th | | candidate or authorized | | | poperation, consultation, or concert the reporting entity is not a political | | | |
| | Ms. Emily Buchanan | [Electron | cically Filed] Date | M M / / | 05 / Y = Y = Y = Y = Y = O5 | | | |
| Signature | | | | | | | | |

| Scł | nedule E) | \ | 101120 | | | | PAGE 72 OF 134 FOR SE OF FORM 24/48 | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|---------|-------------------|----------------------------------------|----------------------------------------------------|--|
| | AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ | | | | | | | |
| Women Speak Out PAC C C0053076 | | | | | | | C00530766 | |
| Che | Check if 24-hour report 48-hour report New report Amends report filed on | | | | | | | |
| T | Full Name of Payee Aldininka D Darensbourg | | | | Dat | M = M | ic Distribution/Dissemination | |
| ŀ | Mailing Address 8200 Palm St Apt 219 | | | | Am | 11 ount | 03 2014 | |
| H | City State | a | Zip Code | | $ \Gamma$ | | 50.00 | |
| L | New Orleans LA | | 70118 | | | | ID: 6654fbc9-a8c8-4f37-8 ursement or Obligation | |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | M M M | 03 / 2014 | |
| ı | Name of Federal Candidate | | | Support | Office Sou | ght: | House District: 00 | |
| | Ms. Mary L Landrieu | X Oppose | | | Pres | ident | Senate State: LA | |
| | Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | | Disbursem 2014 | ent For: Other (sp | Primary | |
| | Full Name of Payee Aldininka D Darensbourg Mailing Address 8200 Palm St Apt 219 | | | | | e of Publi | ic Distribution/Dissemination | |
| ŀ | City State | e | Zip Code | | $ \Gamma$ | | 1.20 | |
| | New Orleans LA | | 70118 | | | | D: fdee36ab-08fe-499d-a ursement or Obligation | |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 11 11 | 03 / 2014 | |
| | Name of Federal Candidate | | | Support | Office Sou | ıght: | House District: 00 | |
| | Ms. Mary L Landrieu | | X | Oppose | Pres | sident | Senate State: LA | |
| | Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | | Disbursem 2014 | ent For: Other (s | Primary X General pecify) ▶ | |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | | | | • | —————————————————————————————————————— | 51.20 | |
| (i | b) SUBTOTAL of Unitemized Independent Expenditures | | | | • | | 7 | |
| (0 | c) TOTAL Independent Expenditures | | | | • | 7 | | |
| W | nder penalty of perjury I certify that the independent exp ith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent. | authorized | | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | M = M 11 | / 05 | 2014 | |
| | Signature | | | | | | | |

| Schedule | E) | | | | PAGE 73 OF 134 FOR SE OF FORM 24/48 |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-----------------------|------------------------------------------------------------------------|
| | COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women | Speak Out PAC | | | | C C00530766 |
| Check if X | 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Nan | ne of Payee e Harris | | | | of Public Distribution/Dissemination |
| Mailing / | Address 3654 Tara St | | | Amou | 11 03 2014 nt |
| City | | Ctata | Zin Codo | | 60.00 |
| City springd: | ale | State AR | Zip Code 72762 | | 60.00 action ID : 47ffff74-fbca-4b1e-b of Disbursement or Obligation |
| Purpose Salary | of Expenditure | | Category/ Type 001 | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of | Federal Candidate | | Support | Office Sough | t: House District:00 |
| Mr. Mar | k L Pryor | | X Oppose | Preside | |
| | endar Year-To-Date Election for Office Sought | , , , , | 280777.85 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| | ne of Payee ner N Montgomery Address 106 Wyncrest Ct | | | | of Public Distribution/Dissemination |
| | 100 Wynolod Ot | | | Amou | nt |
| City Hender | sonville | State TN | Zip Code 37075 | | 75.00 action ID : 41886e03-4997-4fdf-8 of Disbursement or Obligation |
| Purpose Salary | of Expenditure | | Category/ Type 001 | | 11 03 / 2014 |
| Name o | f Federal Candidate | | Support | Office Sough | it: House District: 00 |
| Mr. Mar | k L Pryor | | X Oppose | Presid | ent Senate State: AR |
| | endar Year-To-Date r Election for Office Sought | 7 1 7 | 280777.85 | Disbursemer 2014 C | t For: |
| (a) SUBT | TOTAL of Itemized Independent Expenditu | ıres | | | 135.00 |
| (b) SUBT | FOTAL of Unitemized Independent Expendent | ditures | | | |
| (c) TOTA | L Independent Expenditures | | | • | 7 |
| with, or a | nalty of perjury I certify that the independ t the request or suggestion of, any candid nmittee) any political party committee or its | date or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signat | ure | | | | |

| | | | | | FOR SE OF FORM 24/48 |
|-----------------------------|--------------------------------------|-----------------------------|-----------------------|--------------------|----------------------------------------------------------------------------------|
| NAME OF COMMI | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spe | ak Out PAC | | | | C C00530766 |
| Check if X 24-ho | our report 48-hou | r report New repo | ort Amends rep | | M = M / D = D / Y = Y = Y |
| Full Name of F | | | | Date | of Public Distribution/Dissemination |
| | Montgomery | | | | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | S 106 Wyncrest Ct | | | Amou | unt |
| City | | State | Zip Code | — r | 19.50 |
| Hendersonville | | TN | 37075 | | saction ID: b5442700-e0b3-43d0-8 of Disbursement or Obligation |
| Purpose of Exp Mileage | penditure | | Category/ Type 002 | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Feder | al Candidate | | Support | Office Soug | ht: House District: 00 |
| Mr. Mark L Pry | or | | Oppose | Presid | |
| | /ear-To-Date on for Office Sought | 2 | 80777.85 | Disbursement 2014 | nt For: |
| Full Name of F William M | | <u> </u> | | | of Public Distribution/Dissemination |
| | | | | | 11 03 2014 |
| Mailing Addres | S 115 Burns Mitchell [| Drive | | Amo | unt |
| City | | State | Zip Code | — F | 95.00 |
| Belmont | | NC | 28012 | | action ID: addbce32-1aed-4948-a of Disbursement or Obligation |
| Purpose of Exp Salary | penditure | | Category/ Type 001 | | 11 03 / 2014 |
| Name of Feder | al Candidate | | Support | Office Soug | ht: House District: 00 |
| Ms. Kay Hagar | 1 | | X Oppose | Presid | dent State: NC |
| | Year-To-Date on for Office Sought | | 1092082.37 | Disburseme 2014 | nt For: |
| (a) SUBTOTAL | of Itemized Independen | t Expenditures | | | 114.50 |
| (b) SUBTOTAL | of Unitemized Independ | lent Expenditures | | ··· • | 171171171 |
| (c) TOTAL Inde | pendent Expenditures | | | ···· > | |
| with, or at the re | | any candidate or authorized | | | cooperation, consultation, or concert the reporting entity is not a political |
| Ms. | Emily Buchanan | [Electroni | cally Filed] Da | te 11 | 05 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| Signature | | | | | |

PAGE

OF

| Schedule E) | | | | PAGE 75 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|---------------------|--------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | X New repo | ort Amends repo | ort filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee William M Criswell | | | | of Public Distribution/Dissemination |
| Mailing Address 115 Burns Mitchell Drive | | | Amou | 11 03 2014 unt |
| City | State | Zip Code | — I I . | 13.50 |
| Belmont | NC | 28012 | | saction ID : bedf7ec9-b740-48bd-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sough | ht: House District:00 |
| Ms. Kay Hagan | | Oppose | Presid | NO. |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursemer 2014 | nt For: |
| Full Name of Payee Vonniqua Jackson | | | | of Public Distribution/Dissemination |
| Mailing Address 111 Westchester Blvd | | | Amou | 11 03 2014 unt |
| Apt D4 | | | | |
| City Sidell | State LA | Zip Code 70458 | | action ID : b9fef38e-ebab-441d-8 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 / Y 2014 |
| Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presid | |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursemer 2014 | nt For: |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | 113.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | ·· • | |
| (c) TOTAL Independent Expenditures | | | ··· > | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | e 11 | 05 / Y = Y = Y = Y = Y |
| Signature | | | | |

| Schedule E) | AI LIIDII OILLO | PAGE 76 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report | filed on fil |
| Full Name of Payee Kathy Anderson | | Date of Public Distribution/Dissemination |
| Mailing Address 3041 SW Burlingame Rd | | 11 03 2014 Amount |
| City Sta | te Zip Code | 60.00 |
| Topeka K | · | Transaction ID : a7145475-4310-4136-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District:00 |
| Mr. Greg Orman | Oppose | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary ☐ General Other (specify) ► |
| Full Name of Payee Kathy Anderson | | Date of Public Distribution/Dissemination 11 03 2014 |
| Mailing Address 3041 SW Burlingame Rd | | Amount |
| City | ate Zip Code | 28.80 |
| Topeka K | S 66611 | Transaction ID : fb9dd20a-9fb4-414c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 / 03 / 2014 |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| Mr. Greg Orman | X Oppose | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General 2014 General |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 88.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | • |
| (c) TOTAL Independent Expenditures | | > |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen | authorized committee or agent of | |
| Ms. Emily Buchanan | [Electronically Filed] Date | 11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | INT EXICINE | ITOTILO | | PAGE 77 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------------------------|-----------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D D / Y Y Y Y Y |
| Full Name of Payee | | | Date of Publ | ic Distribution/Dissemination |
| Xavier Miller | | | 11 11 | 03 / 2014 |
| Mailing Address 407 randall Dr | | | Amount | |
| City | State | Zip Code | — I | 70.00 |
| Searcy | AR | 72143 | | ID : f1ab2085-277c-492a-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | Oppose | | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 280777.85 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee | | | Date of Publ | ic Distribution/Dissemination |
| Xavier Miller | | | M M M | 03 2014 |
| Mailing Address 407 randall Dr | | | Amount | |
| City | State | Zip Code | | 33.60 |
| Searcy | AR | 72143 | | D: 861da05d-e237-4ba3-a oursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 280777.85 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 103.60 |
| | | | - | 7 4 |
| (b) SUBTOTAL of Uniternized Independent Exper | nditures | | • | 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 05 | 2014 |
| - | | | | |

| Schedule E) | | | PAGE 78 FOR SE OF FO | OF 134 ORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|----------------------------------------------------------|---------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION | NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report 48-hour re | eport New repo | ort Amends repo | rt filed on | - Y - Y - Y - Y |
| Full Name of Payee | | | Date of Public Distribution/Dis | ssemination |
| Michael Vidrine | | | 11 03 | 2014 |
| Mailing Address 1103 West Wilson Street | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Ville Platte | LA | 70586 | Transaction ID: 4ac877bf-13 Date of Disbursement or Obli | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 03 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House Dis | strict: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate S | State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | Disbursement For: Primary 2014 Other (specify) ▶ | General |
| Full Name of Payee Michael Vidrine | , | | Date of Public Distribution/Dis | ssemination |
| | | | 11 03 / | 2014 |
| Mailing Address 1103 West Wilson Stre | et | | Amount | |
| City | State | Zip Code | | 30.90 |
| Ville Platte | LA | 70586 | Transaction ID : 3a869c86-74 Date of Disbursement or Obl | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 03 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House Dis | strict: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate S | State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement For: Primary 2014 Other (specify) ▶ | X General |
| (a) SUBTOTAL of Itemized Independent E | xpenditures | | . | 110.90 |
| | | | | |
| (b) SUBTOTAL of Unitemized Independen | t Expenditures | | • | |
| (c) TOTAL Independent Expenditures | | | · | - 45 |
| Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit | y candidate or authorized | | | |
| Ms. Emily Buchanan | [Flectron | ically Filed] Date | M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Signature | LEwister | Date | 11 05 2014 | |
| | | | | |

| Schedule E) | TI EXI EITE | | | PAGE 79 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | l r | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Lucas H Hoyle | | | M | |
| Mailing Address 282 Falls Ave | | | Amount | 1 03 2014 |
| City | State | Zip Code | | 25.00 |
| Granite Falls | NC | 28630 | | ction ID: 44f5cb0a-f32b-4a58-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 1 | 1 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | _ | | Date of | Public Distribution/Dissemination |
| Lucas H Hoyle | | | | 1 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 282 Falls Ave | | | | 2014 |
| | | | Amount | <u> </u> |
| City | State | Zip Code | | 18.30 |
| Granite Falls | NC | 28630 | Transact Date of | tion ID : 23e1e668-56be-4cd2-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 1 | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | - T | 1092082.37 | Disbursement 2014 Oth | For: Primary X General ner (specify) ► |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | · • | 43.30 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | ·· • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | · • | 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | | 05 / 2014 |
| Signature | | | | |

| , | | | | | | | FOR SE OF | FORM 24/48 |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------|-------------------|------------|------------------------|-------------|-----------------------------------|--------------------|
| NAME OF COMMITTEE | | | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| Women Speak | Out PAC | | | | | C | C00530766 | |
| Check if X 24-hour r | eport 48-hour report | New repo | ort Am | nends repo | rt filed on | M = M | / D D / | Y = Y = Y |
| Full Name of Payer | | | | | Date | of Pub | olic Distribution/ | Dissemination |
| Staci J Ingra | | | | | | м - м 11 | 03 | 2014 |
| Mailing Address 2 | Crest Knolls Dr Apt 16B | | | | Amo | ount | | |
| City | | State | Zip Code | | - | | | 108.33 |
| Taylorsville | | NC | 28681 | | | | n ID: 2461ff92- bursement or C | |
| Purpose of Expend Salary | ture | | Category/ Type | 001 | $\exists \mid \exists$ | M 11 | 03 | 2014 |
| Name of Federal C | andidate | | | Support | Office Sou | ght: | House | District: 00 |
| Ms. Kay Hagan | | | X | Oppose | Presi | dent | X Senate | State: NC |
| Calendar Year- Per Election fo | To-Date r Office Sought | 10 | 92082.37 | | Disburseme 2014 | | Primary specify) ▶ | X General |
| Full Name of Payer Staci J Ingran | | - | | | | | olic Distribution/ | Dissemination 2014 |
| Mailing Address | 2 Crest Knolls Dr Apt 16B | | | | Amo | ount | | |
| City | | State | Zip Code | | | | | 25.14 |
| Taylorsville | | NC | 28681 | | | | ID: 39d0e263- bursement or C | |
| Purpose of Expend Mileage | iture | | Category/ Type | 002 | | 11 | 03 | 2014 |
| Name of Federal C | andidate | | | Support | Office Sou | ght: | House | District: 00 |
| Ms. Kay Hagan | | | X | Oppose | Pres | ident | X Senate | State: NC |
| Calendar Year Per Election fo | To-Date or Office Sought | 7 | 1092082.3 | 7 | Disburseme 2014 | | Primary specify) ▶ | X General |
| (a) SUBTOTAL of It | emized Independent Expenditure | es | | | | -7 | 7 | 133.47 |
| (b) SUBTOTAL of U | nitemized Independent Expendi | tures | | | • | | F 1 2 | |
| (c) TOTAL Independ | lent Expenditures | | | | · [| | 7 | |
| with, or at the reque | jury I certify that the independent of or suggestion of, any candidate political party committee or its | ate or authorized | | | | | | |
| | ly Buchanan | [Electroni | cally Filed] | Date | 11 | 05 | 201 | |
| Signature | | | | | | | | |

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| | FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New report | Amends report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Chance B Ross | 11 03 2014 |
| Mailing Address 920 W Gracewood Apt 106 | Amount |
| City State Zip | Code 30.00 |
| Fayetteville AR 72 | 701 Transaction ID : b8ae1557-e4e6-4344-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Ca | ategory/ Type 001 11 03 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 |
| | Other (specify) ▶ |
| Full Name of Payee Chance B Ross | Date of Public Distribution/Dissemination 11 03 2014 |
| Mailing Address 920 W Gracewood Apt 106 | Amount |
| City State Zip | Code 18.30 |
| ' | Transaction ID : 7e7e30d7-5057-4280-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | ategory/ Type 002 11 03 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary General 2014 Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 48.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | > |
| Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronicall | y Filed] Date 11 05 2014 |
| Signature | |

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| Women Speak Out PAC C C00530766 | | ileduic Ly | FOR SE OF FORM 24/48 |
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| Check if | | | FEC IDENTIFICATION NUMBER ▼ |
| Full Name of Payee Jon Lintch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mileage Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Elect | VV | omen Speak Out PAC | C C00530766 |
| Mailing Address 6108 Harkins Ave | Che | ck if X 24-hour report 48-hour report New report Amends report file | d on |
| Mailing Address 6108 Harkins Ave City State Zip Code AR 72210 Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Support City Coppose President Senate State: AR Calendar Year-To-Date Per Liection for Office Sought State Zip Code Full Name of Payee John Linch Mailing Address 6108 Harkins Ave Category/ O01 Transaction ID: 196e44e9-9b27-488c-8 Date of Disbursement or Obligation State: AR Category/ O01 Transaction ID: 197e4469-9b27-488c-8 Date of Disbursement or Obligation State: AR Category/ O02 President Senate State: AR Category/ O01 Transaction ID: 197e449-9b27-488c-8 Date of Public Distribution/Dissemination Office Sought Senate State: AR Category/ O02 Transaction ID: 197e449-9b27-488c-8 Date of Public Distribution/Dissemination Office Sought Senate State: AR Category/ O02 Transaction ID: 197e449-9b27-488c-8 Date of Public Distribution/Dissemination Office Sought Senate State: AR Date of Public Distribution/Dissemination Office Sought Senate State: AR Date of Disbursement or Obligation Senate State: AR Date of Disbursement or Obligation Senate State: AR Date of Disbursement For: Primary General Per Election for Office Sought Senate State: AR Disbursement For: Primary General Per Election for Office Sought Senate State: AR Disbursement For: Primary General Office Sought Senate State: AR Disbursement For: Primary General Office Sought Senate State: AR Disbursement For: Primary General Office Sought Senate State: AR Disbursement For: Primary General Office Sought Senate State: AR Disbursement For: Primary Senate State: | Т | | Date of Public Distribution/Dissemination |
| City State Zip Code Little Rock AR 72210 Purpose of Expenditure Salary Oppose President Senate State: AR Calegory/ Type O01 Name of Federal Candidate Mr. Mark L Pryor Sought 280777.85 Calendar Year-To-Date Per Election for Office Sought 2911 Mailing Address 6108 Harkins Ave City State Zip Code Tity Oppose Category/ Type O01 Tity O3 / 2014 The Specified Senate State: AR Disbursement For: Primary General Per Election for Office Sought Tity Og 2014 The Category Office Sought Tity Oppose City State Zip Code Little Rock AR 72210 Transaction ID : 97e10e7/289a-4cf4-a Date of Public Distribution/Dissemination Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Tity Og 2014 Amount Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement or Obligation Transaction ID : 97e10e7/289a-4cf4-a Date of Disbursement For: Primary Senate State: AR Date of Disbursement For: Primary Senate State: AR Date of Disbursement For: Disbursement For: Primary Senate State: AR Date of Disbursement F | | Jon Linch | |
| Little Rock AR 72210 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Amount City State Vippe Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Public Distribution/Dissemination Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Other (specify) | | Mailing Address 6108 Harkins Ave | Amount |
| Little Rock AR 72210 Furpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Amount City State Vippe Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark L Pyor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Public Distribution/Dissemination Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Amount Category Vippe Ooz Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement For: Oga 2014 Other (specify) | ŀ | City State 7in Code | 80.00 |
| Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Mark Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Mileage Category/ Type Category/ Type Office Sought: House District: 00 President X Senate State: AR Date of Public Distribution/Dissemination Tansaction ID: e7e10eb7-2893-4cf4-a Date of Disbursement or Obligation Tansaction ID: e7e10eb7-2893-4cf4-a Date of Disbursement or Obligation Tansaction ID: e7e10eb7-2893-4cf4-a Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR Disbursement For: Disbur | | | Transaction ID : 196e44e0-9b27-488c-8 |
| Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Name of Federal Candidate Mileage Category/ Mileage Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar | Ì | Salary Category/ 004 | M M / D D / Y Y Y Y |
| Mr. Mark L Pryor Calendar Year-To-Date President Senate State: AR | ı | Name of Federal Candidate Support Offic | ce Sought: House District: 00 |
| Per Election for Office Sought Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Oo2 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calend | | Mr. Markel Brown | |
| Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination Date 711 | | 000777.05 | |
| Mailing Address 6108 Harkins Ave Amount | L | rei Liection for Office Sought | |
| Mailing Address 6108 Harkins Ave Amount | | | |
| Little Rock AR 72210 Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date President Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per E | ŀ | Mailing Address 6108 Harkins Ave | 1 |
| Little Rock AR 72210 Transaction ID: e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date President Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per E | ŀ | City State Zip Code | 29.10 |
| Purpose of Expenditure Mileage Category/ Type 002 | | Little Rock AR 72210 | Transaction ID : e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation |
| Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | | Mileage Category/ 002 | M M / D D / Y Y Y Y |
| Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | ľ | Name of Federal Candidate Support Office | ce Sought: House District: 00 |
| Per Election for Office Sought 280777.85 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | Mr. Mark L Pryor Oppose | President Senate State: AR |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 201 | 4 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 11 Date 11 Date | (| a) SUBTOTAL of Itemized Independent Expenditures | 109.10 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM Date 11 Date | (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Man | (| c) TOTAL Independent Expenditures | |
| [Electronically Filed] Date 11 05 2014 | W | rith, or at the request or suggestion of, any candidate or authorized committee or agent of eith | |
| | | [El - + 1 - El - 1] | |
| | | | |

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OF

| Schedule E) | EXI EIID | 101120 | | PAGE 83 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|--------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends | s report file | d on |
| Full Name of Payee Ashley n Thompson | | | | Date of Public Distribution/Dissemination |
| Mailing Address 272 Westgate Ct Apt 6 | | | | 11 03 2014 Amount |
| City | State | Zip Code | | 32.50 |
| Lexington | NC | 27295 | | Transaction ID : 600ee331-9848-48ee-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Supp | ort Offic | e Sought: House District: 00 |
| Ms. Kay Hagan | | У Орро | | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | Disb 2014 | ursement For: |
| Full Name of Payee | | | | Date of Public Distribution/Dissemination |
| Ashley n Thompson | | | | 11 03 2014 |
| Mailing Address 272 Westgate Ct Apt 6 | | | | |
| | | | | Amount |
| City | State | Zip Code | | 9.00 |
| Lexington | NC | 27295 | | Transaction ID : c4759f30-8bf7-4cb4-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | 11 / 03 / 2014 |
| Name of Federal Candidate | | Supp | ort Offic | ce Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppo | ose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 1092082.37 | Disk 201 | oursement For: Primary General Other (specify) Other |
| | | | _ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | i | | | 41.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | res | | ······ | |
| (c) TOTAL Independent Expenditures | | | ······ > | |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | | 11 05 2014 |
| Signature | | | | |

| | , | | | | | | FOR SE OF | FORM 24/48 |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------|--------------------|---------------------|----------------------------------|----------------------------|
| | COMMITTEE (In Full) | | | | <u> </u> | FEC | IDENTIFICATION | ON NUMBER ▼ |
| vvome | n Speak Out PAC | | | | | C | C00530766 | |
| Check if | 24-hour report 48-hour report | New repo | ort Am | nends repo | rt filed on | M = M | / D D / | Y = Y = Y |
| | ame of Payee | | | | Date | of Pub | lic Distribution/ | Dissemination |
| | dy G Lookabill | | | | | M M M | 03 | 2014 |
| Mailing | Address 200 Carawood Lane | | | | Amo | ount | | |
| City | | State | Zip Code | | | | | 92.50 |
| Lexing | | NC | 27295 | | Tra | nsaction of Dist | n ID: 40096e6a oursement or C | -b16d-49db-8 Obligation |
| Purpos Salary | e of Expenditure | | Category/ Type | 001 | | M M M | 03 | 2014 |
| Name | of Federal Candidate | | | Support | Office Sou | ght: | House | District:00 |
| Ms. K | ay Hagan | | \boxtimes | Oppose | Presi | dent | X Senate | State: NC |
| | alendar Year-To-Date er Election for Office Sought | 10 | 92082.37 | | Disburseme 2014 | | Primary specify) ▶ | X General |
| Ran | ame of Payee dy G Lookabill g Address 200 Carawood Lane | | | | Date | of Pub | olic Distribution/ | Dissemination 2014 |
| | | | | | Amo | ount | | |
| City | | State | Zip Code | | | | , , | 33.00 |
| Lexin | | NC | 27295 | | | | ID: 0aee4367- bursement or C | |
| Purpos Milea | se of Expenditure ge | | Category/ Type | 002 | | M M M | 03 | 2014 |
| Name | of Federal Candidate | | | Support | Office Sou | ght: | House | District: 00 |
| Ms. K | ay Hagan | | \boxtimes | Oppose | Pres | ident | X Senate | State: NC |
| | alendar Year-To-Date er Election for Office Sought | <u> </u> | 1092082.3 | 7 | Disbursem 2014 | | Primary | General |
| (a) SUI | BTOTAL of Itemized Independent Expenditures | S | | | | | 7 | 125.50 |
| (b) SUI | BTOTAL of Unitemized Independent Expenditu | ıres | | | · [| -1 | 7 | 47 |
| (c) TO | AL Independent Expenditures | | | | • | | 7 | |
| with, or | enalty of perjury I certify that the independer at the request or suggestion of, any candidat emmittee) any political party committee or its a | e or authorized | | | | | | |
| Cian | Ms. Emily Buchanan | [Electroni | cally Filed] | Date | 11 | 05 | 201 | |
| Sign | atur c | | | | | | | |

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OF

| | | | | FOR SE OF FORM 24/48 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|------------------|------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | <u> </u> | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | ort New rep | ort Amends repo | | T = M / D = D / Y = Y = Y |
| Full Name of Payee Cynthia N Schmit | | | Date | of Public Distribution/Dissemination |
| • | | | | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2226 Taft Circle Apt 1 | | | Amou | unt |
| City | State | Zip Code | | 22.50 |
| Winchester | VA | 22601 | | saction ID : 61ead42c-af26-4708-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Mr. Greg Orman | | Oppose | Presid | ent Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 248067.91 | Disbursemer 2014 | nt For: |
| Full Name of Payee ERIC TABARY | | | Date | of Public Distribution/Dissemination |
| Mailing Address 6101 NORA ST | | | Amou | 11 03 2014 unt |
| City | State | Zip Code | — r | 65.00 |
| METAIRIE | LA | 70003 | | action ID: 825be083-ca51-4ae8-a of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Sough | ht: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Presid | lent Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursemer 2014 | nt For: Primary General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exp | enditures | | · - | 87.50 |
| (b) SUBTOTAL of Unitemized Independent E | xpenditures | | | |
| (c) TOTAL Independent Expenditures | | | · • | 4 4 |
| Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | e 11 | 05 / 2014 |
| Oignature | | | | |

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OF

| Schedule E) | | 1 = 11 = 11 = 1 | 1101120 | | PAGE 86 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------|------------------------------|-------------------|-----------------------|--------------------|----------------------------------------------------------------------------------|
| NAME OF COMMITTEE (| | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak O | ut PAC | | | | C C00530766 |
| Check if 24-hour repo | ort 48-hour report | New repo | ort Amends rep | ort filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee ERIC TABARY | | | | | e of Public Distribution/Dissemination |
| Mailing Address 6101 | NORA ST | | | Amo | 11 03 2014 ount |
| City | | State | Zip Code | <u> —</u> г | 2.40 |
| METAIRIE | | LA | 70003 | | nsaction ID: 8f29e477-ae79-445a-9 of Disbursement or Obligation |
| Purpose of Expenditur Mileage | e | | Category/ Type 002 | - I | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Can | didate | | Support | Office Soug | ght: House District: 00 |
| Ms. Mary L Landrieu | | | Oppose | Presid | dent Senate State: LA |
| Calendar Year-To- Per Election for C | | 2 | 233263.10 | Disburseme 2014 | ent For: Primary X General Other (specify) ▶ |
| Full Name of Payee Chris McCoy | | | | Date | e of Public Distribution/Dissemination |
| Mailing Address 10 | 25 Cayley Ct | | | Amo | 11 03 2014 ount |
| City | | State | Zip Code | $ \Gamma$ | 105.00 |
| High Point | | NC | 27260 | | saction ID: 24c8c173-8f1c-49d1-b e of Disbursement or Obligation |
| Purpose of Expenditure Salary | e | | Category/ Type 001 | $] \mid \Box$ | 11 03 / 2014 |
| Name of Federal Can | didate | | Support | Office Soug | ght: House District: 00 |
| Ms. Kay Hagan | | | X Oppose | Presid | |
| Calendar Year-To Per Election for 0 | | | 1092082.37 | Disburseme 2014 | ent For: Primary General Other (specify) |
| (a) SUBTOTAL of Item | ized Independent Expenditure | es | | | 107.40 |
| (b) SUBTOTAL of Unit | emized Independent Expendit | tures | | - | 7 1 7 1 7 1 |
| (c) TOTAL Independen | t Expenditures | | | · | |
| with, or at the request | | ate or authorized | | | cooperation, consultation, or concert if the reporting entity is not a political |
| Ms. Emily I | Buchanan | [Electron | ically Filed] Dat | te 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| Schedule E |) | DLITT L XI L 112. | | | PAGE 87 OF 134 FOR SE OF FORM 24/48 |
|-----------------------|----------------------------------------------|---------------------------------|-----------------------|-----------------------|---------------------------------------------------------------------------------|
| | MMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women S | peak Out PAC | | | | C C00530766 |
| Check if X 2 | 4-hour report 48-hour report | rt New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name Chris N | | | | | of Public Distribution/Dissemination |
| Mailing Add | lress 1025 Cayley Ct | | | Amou | 11 03 2014 nt |
| City | | State | Zip Code | <u> </u> | 28.80 |
| High Point | | NC | 27260 | | action ID : 6eeca3ab-636f-43e8-b of Disbursement or Obligation |
| Purpose of Mileage | Expenditure | | Category/ Type 002 | | 11 03 / 2014 |
| Name of F | ederal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Kay Ha | agan | | X Oppose | Preside | ent Senate State: NC |
| | dar Year-To-Date ection for Office Sought | 10 | 92082.37 | Disbursement 2014 O | t For: Primary X General ther (specify) ▶ |
| | n Wheeler | | | | of Public Distribution/Dissemination |
| Mailing Add | dress 10112 Piney Creek Ct | | | Amou | nt |
| City | | State | Zip Code | | 70.00 |
| Charolette | | NC | 28215 | | ction ID : 5b0a512d-f8bb-4e65-8 of Disbursement or Obligation |
| Salary | Expenditure | | Category/ Type 001 | M | 11 03 / 2014 |
| | ederal Candidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L | Pryor | | Oppose | Preside | ent Senate State: AR |
| | dar Year-To-Date ection for Office Sought | | 280777.85 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| (a) SUBTO | AL of Itemized Independent Expe | enditures | | · • | 98.80 |
| (b) SUBTO | AL of Unitemized Independent Ex | rpenditures | | | |
| (c) TOTAL | ndependent Expenditures | | | · [| 7 1 7 1 7 1 |
| with, or at th | | andidate or authorized | | | ooperation, consultation, or concert the reporting entity is not a political |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | , 11 / | 05 / 2014 |
| Signature | | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | INT EXI END | TTOTILO | <u> </u> | PAGE 88 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|------------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | 00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Brandon Wheeler | | | Date of Public I | Distribution/Dissemination |
| Mailing Address 10112 Piney Creek Ct | | | 11 Amount | 03 2014 |
| | | | | |
| City Charolette | State NC | Zip Code 28215 | | 27.90 : 50ab218d-c112-457d-9 ement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Man / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | Oppose | President X | <u> </u> |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Danielle McCoy | | | 11 / | 03 / 2014 |
| Mailing Address 1025 Cayley Ct | | | Amount | |
| City | State | Zip Code | | 105.00 |
| High Point | NC | 27260 | | 8f060665-a239-4458-b sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 111 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement For: 2014 Other (spec | Primary |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 132.90 |
| (b) CURTOTAL of Unitamized Independent Even | ditura | | 7 | |
| (b) SUBTOTAL of Unitermized Independent Expen | altures | | • | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 05 | 2014 |
| • | | | | |

| Schedule E) | | | 10.120 | | PAGE 89 OF 134 FOR SE OF FORM 24/48 |
|----------------------------------------------------|--------------------------------|-----------|-----------------------|-----------------|----------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out P/ | AC . | | | | C C00530766 |
| Check if 24-hour report | 48-hour report | New repo | ort Amends rep | ort filed o | n |
| Full Name of Payee Danielle McCoy | | | | | Date of Public Distribution/Dissemination |
| Mailing Address 1025 Cayle | y Ct | | | | 11 03 2014 Amount |
| City | State | | Zip Code | | 26.40 |
| High Point | NC NC | | 27260 | | Transaction ID : ba757168-1fd4-4c9b-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | | Category/ Type 002 | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | | Support | Office S | Sought: House District: 00 |
| Ms. Kay Hagan | | | X Oppose | F | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office S | Sought | 10 | 92082.37 | Disburs 2014 | ement For: |
| Full Name of Payee Eleanor McCoy | | | | | Date of Public Distribution/Dissemination 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4902 Cat | awba Dr | | | | Amount |
| City | State | | Zip Code | | 105.00 |
| Greensboro | NC | | 27407 | | ransaction ID : fd363f48-0160-47df-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | | Category/ Type 001 | | 11 / 03 / 2014 |
| Name of Federal Candidate | | | Support | Office : | Sought: House District: 00 |
| Ms. Kay Hagan | | | X Oppose | F | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office S | Sought | 7 | 1092082.37 | Disburs 2014 | sement For: Primary General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized In | dependent Expenditures | | | | 131.40 |
| (b) SUBTOTAL of Unitemized | Independent Expenditures | | | | 7 7 7 7 |
| (c) TOTAL Independent Expe | nditures | | | | |
| | | | | • | 4 4 |
| | gestion of, any candidate or a | | | | e in cooperation, consultation, or concert or (if the reporting entity is not a political |
| Ms. Emily Buchan | | [Electron | ically Filed] Date | e 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| Schedule E) | L /(L)(2) | | | | - | PAGE 90 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------|---------------------|---------------------|-------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | | | C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amen | ds repo | rt filed on | M / | |
| Full Name of Payee Eleanor McCoy | | | | | of Public | Distribution/Dissemination |
| Mailing Address 4902 Catawba Dr | | | | Amou | 11 | 03 2014 |
| | | | | 7.11100 | | |
| | State | Zip Code | | | | 28.20 |
| Greensboro | NC | 27407 | | | | D: 5b210f84-c5dc-4c52-a rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type | 002 | | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Sur | port | Office Sough | t: | House District: 00 |
| Ms. Kay Hagan | | | pose | Preside | _ | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | | Disbursemen 2014 O | t For: ther (spe | Primary ☐ General ecify) ► |
| Full Name of Payee Todd Ellis | | | | | of Public | Distribution/Dissemination |
| No Otto a Audiona | | | | | 11 | 03 2014 |
| Mailing Address P.O. Box 712 | | | | Amou | nt | |
| City | State | Zip Code | | | | 125.00 |
| | AR | 72002 | | | | : f031da7b-5970-4bcd-b rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | N | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Sup | pport | Office Sough | ıt: | House District: 00 |
| Mr. Mark L Pryor | | X Opp | pose | Preside | ent | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | | Disbursemen 2014 | t For: ther (sp | Primary |
| - | | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | • | 7 | 153.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ÷S | | | • | | |
| (c) TOTAL Independent Expenditures | | | | . | - | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date | M = M / | 05 | 2014 |
| Signature | | _ | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | VI EXI END | ITOTILO | | PAGE 91 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|-------------------------------|----------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Po | ublic Distribution/Dissemination |
| Todd Ellis | | | M M | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address P.O. Box 712 | | | Amount | |
| City | State | Zip Code | | 58.50 |
| Alexander | AR | 72002 | | on ID: 33b52e2f-b869-4140-a isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disbursement Fo 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee | | | Date of P | ublic Distribution/Dissemination |
| Joshua D Syrotchen | | | M M M | 03 2014 |
| Mailing Address 915 East Market Ave | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Searcy | AR | 72149 | | n ID : f7fd8186-5b19-4556-9 isbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 11 m | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 280777.85 | Disbursement Fo | or: |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 138.50 |
| (1) OUDTOTAL (11): | | | | |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | • | 4 4 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | LAPLINDI | TUNES | | PAGE 92 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|-------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Joshua D Syrotchen | | | Date of Pu | ublic Distribution/Dissemination |
| Mailing Address 915 East Market Ave | | | 11 Amount | 03 2014 |
| | | | | |
| , ' | | Zip Code | | 92.70 |
| Searcy | AR | 72149 | | on ID: 8287ac6f-d5e7-4cf4-9 isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M = M 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 80777.85 | Disbursement Fo 2014 Other | r: Primary |
| Full Name of Payee | | | | ublic Distribution/Dissemination |
| Jackson S Ťuttle | | | M = M | / D D / Y T Y T Y |
| Mailing Address 404 Chancery Park Ct | | | | 03 2014 |
| | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Kernersville Purpose of Expenditure | NC | 27284 | | n ID : dde06605-4753-4afd-8 isbursement or Obligation |
| Salary | | Category/ Type 001 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement Fo | r: Primary X General (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | > | 142.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | s | | • | 7 |
| (c) TOTAL Independent Expenditures | | | · | 7 7 5 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized | | | |
| Ms. Emily Buchanan | [Electroni | cally Filed] Date | 11 C | 2014 |
| Signature | | | | |

| Schedule E) | // INDEL ENGEN | ./(i laite. | TOTILO | | | | PAGE 93 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------|------------------------------|--------------|-------------------|---------|---------------------|-----------|----------------------------------------------------|
| NAME OF COMMITTEE (In Full | | | | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Women Speak Out Pa | AC | | | | | | C00530766 |
| Check if 24-hour report | 48-hour report | New repo | ort Amen | ds repo | rt filed on | M / | D = D / Y = Y = Y |
| Full Name of Payee Jackson S Tuttle | | | | | | и – м / | c Distribution/Dissemination |
| Mailing Address 404 Chanc | ery Park Ct | | | | Amou | 11 int | 03 2014 |
| City | Sta | oto | Zip Code | | | | 7.50 |
| Kernersville | | are NC | 27284 | | | | ID: 36e508f3-bf05-4cd0-b ursement or Obligation |
| Purpose of Expenditure Mileage | | | Category/ Type | 002 | | 11 | 03 2014 |
| Name of Federal Candidate | | | Sup | port | Office Sough | nt: | House District: 00 |
| Ms. Kay Hagan | | | | pose | Preside | _ | Senate State: NC |
| Calendar Year-To-Date Per Election for Office | Sought | 10 | 92082.37 | | Disbursemer 2014 | | Primary ⊠ General Decify) ► |
| Full Name of Payee Adena V Smith | | | | | | M = M | c Distribution/Dissemination |
| Mailing Address 450 Juds | ;on Dr | | | | Amou | 11 unt | 03 2014 |
| City | Str | ate | Zip Code | | | | 42.50 |
| Wake Forest | N | NC | 27587 | | | | D: b425f0dd-e83e-4143-a ursement or Obligation |
| Purpose of Expenditure Salary | | | Category/ Type | 001 | $\exists \mid c$ | 11 11 | 03 2014 |
| Name of Federal Candidate | | | Sup | pport | Office Sough | nt: | House District: 00 |
| Ms. Kay Hagan | | | Х Орр | pose | Presid | ent | Senate State: NC |
| Calendar Year-To-Date Per Election for Office | Sought | | 1092082.37 | | Disbursemer 2014 | | Primary |
| (a) SUBTOTAL of Itemized I | ndependent Expenditures | | | | | - | 50.00 |
| (b) SUBTOTAL of Unitemized | d Independent Expenditures | | | | · • | | |
| (c) TOTAL Independent Expe | enditures | | | | · [| 1-4- | 4 |
| Under penalty of perjury I ce with, or at the request or sug party committee) any political | gestion of, any candidate or | r authorized | | | | | |
| Ms. Emily Buchan | an | [Electron | ically Filed] | Date | M M / | 05 | 2014 |
| Signature | | | | | | | |

| Schedule E) | TI EXI EILD | TI OTILO | | PAGE 94 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|-----------------------------|-------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | / / D = D / Y = Y = Y |
| Full Name of Payee Krystal A Wilson | | | М = 1 | |
| Mailing Address 448 Judson Dr | | | Amount | 03 2014 |
| City | State | Zip Code | | 42.50 |
| Wake Forest | NC | 27587 | | ion ID : 562626be-53c0-4878-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement For 2014 Othe | or: |
| Full Name of Payee | | | Date of F | Public Distribution/Dissemination |
| Krystal A Wilson | | | M 11 | |
| Mailing Address 448 Judson Dr | | | | 2014 |
| | | | Amount | |
| City | State | Zip Code | | 5.10 |
| Wake Forest | NC | 27587 | | on ID : 1c1cbd38-6361-4597-8 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 1092082.37 | Disbursement F 2014 Othe | or: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | · • | 47.60 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | ·- • | 4 1 4 1 4 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| | - / | FOR SE OF FORM 24/48 |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvomen | Speak Out PAC | C C00530766 |
| Check if \sum | 24-hour report 48-hour report New report Amends report filed of | on Mam / Dad / Yayayay |
| Full Nar | | Date of Public Distribution/Dissemination |
| | a A Britt | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing | Address 4894 Thunder Bolt | Amount |
| City | State Zip Code | 90.00 |
| Concor | d NC 28205 | Transaction ID : 9a7ea1ea-9db3-4a74-a Date of Disbursement or Obligation |
| Purpose Salary | of Expenditure Category/ Type 001 | 11 03 2014 |
| Name o | f Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Ka | / Hagan | President Senate State: NC |
| | endar Year-To-Date Election for Office Sought Disburs 2014 | sement For: Primary X General Other (specify) ▶ |
| Full Na | ne of Payee | Date of Public Distribution/Dissemination |
| | a U Logie | 11 03 2014 |
| Mailing | Address 2565 Shire Circle | Amount |
| City | State Zip Code | 50.00 |
| Harriso | | Fransaction ID : e67803cf-f25a-44f6-b Date of Disbursement or Obligation |
| Purpose Salary | e of Expenditure Category/ Type 001 | 11 03 / 2014 |
| Name o | f Federal Candidate Support Office | Sought: House District: 00 |
| Mr. Gre | g Orman Oppose | President Senate State: KS |
| | lendar Year-To-Date r Election for Office Sought 248067.91 Disburt 2014 | sement For: |
| (a) SUB | TOTAL of Itemized Independent Expenditures | 140.00 |
| (b) SUB | TOTAL of Unitemized Independent Expenditures | |
| (c) TOTA | L Independent Expenditures | 1 2 1 2 1 2 |
| with, or a | nalty of perjury I certify that the independent expenditures reported herein were not made the request or suggestion of, any candidate or authorized committee or agent of either, amittee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signa | Dutc | |

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OF

| | | | I | FOR SE OF | FORM 24/48 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|---------------------------------|-----------------------------------|
| | ME OF COMMITTEE (In Full) | F | EC IDE | ENTIFICATION | ON NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | | C | 00530766 | |
| Che | eck if X 24-hour report 48-hour report X New report X Amends report filed | on | M / | D = D / | Y I Y I Y I Y |
| Т | Full Name of Payee | Date of | Public | Distribution/ | Dissemination |
| | Ryan Drake | M 1 | | 03 | 2014 |
| | Mailing Address 29637 Park St | Amount | | | |
| ŀ | City State Zip Code | | | | 10.00 |
| | Walker LA 70785 | | | : 012d31b sement or 0 | 2-a916-47f7-9 |
| | Purpose of Expenditure Salary Category/ Type 001 | M 1 | M / | 03 | 2014 |
| Ì | Name of Federal Candidate Support Office | Sought: | | House | District:00 |
| | Ms. Mary L Landrieu Oppose | President | t X | Senate | State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 233263.10 Disbut 2014 | rsement F | For: [er (spe | Primary | General |
| • | Full Name of Payee Ryan Drake | Date of | Public | Distribution | /Dissemination |
| | Mailing Address 29637 Park St | 1 | 1 / | 03 | 2014 |
| | 29037 Faik St | Amount | | | |
| ľ | City State Zip Code | | | 1 1 00 | 2.40 |
| | Walker LA 70785 | | | : 3e2c23de sement or (| -f513-413c-a Obligation |
| | Purpose of Expenditure Mileage Category/ Type O02 | 1 | | 03 | 2014 |
| ľ | Name of Federal Candidate Support Office | Sought: | | House | District: 00 |
| | Ms. Mary L Landrieu Oppose | Presiden | t 🔀 | Senate | State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 233263.10 | | For: [er (spe | Primary ecify) ► | General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | 7 | | 12.40 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | -7- | | |
| (| (c) TOTAL Independent Expenditures | | -7- | | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | M / I | 05 | / 201 | 4 |
| | Signature | | | | |

PAGE

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OF

| Schedule E) | MDENT EXTERNS | 10.120 | | PAGE 97 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|--------------------------|----------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C00530766 |
| Check if 24-hour report 48-hour rep | ort New repo | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Brogan A Benoit | | | | Public Distribution/Dissemination |
| Mailing Address 7144 South River Rd | | | 11 | |
| | | | Amount | |
| City | State | Zip Code | | 70.00 |
| Addis | LA | 70710 | | tion ID: 71ccc27e-3d10-4684-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , , , | 33263.10 | Disbursement F 2014 Othe | for: Primary General or (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Brogan A Benoit | | | M - 1 | |
| Mailing Address 7144 South River Rd | | | Amount | |
| | | | Amount | |
| City | State | Zip Code | | 8.10 |
| Addis | LA | 70710 | | on ID: da00b081-d9b5-45ec-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement F 2014 Othe | For: Primary General er (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Ex | oenditures | | · • | 78.10 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | · • | 71171171 |
| (c) TOTAL Independent Expenditures | | | · | 7 1 7 1 7 |
| Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | | 05 2014 |
| Signature | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | VI EXI END | ITOTILO | | PAGE 98 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|--------------------------|-----------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | [| C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Cecilla A Rebrick | | | | Public Distribution/Dissemination |
| Mailing Address 5003 Allison Lane | | | 1 | 1 03 2014 |
| 5 5005 Allison Lane | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Ft. Smith | AR | 72901 | | ction ID: 0b928557-b501-410e-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 1 | 1 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Mr. Mark L Pryor | | X Oppose | Presiden | t Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disbursement 2014 Oth | For: Primary |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Cecilla A Rebrick | | | | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5003 Allison Lane | | | Amount | |
| City | State | Zip Code | | 0.30 |
| Ft. Smith | AR | 72901 | | tion ID : 5cd5f861-7e02-45b4-b Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presider | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 280777.85 | Disbursement 2014 Oth | For: Primary X General ner (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 80.30 |
| (1) OUDTOTAL (11 in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 05 / 2014 |
| g.i.a.a.i.o | | | | |

| Sch | edule E) | EXI ENDI | TOTILO | | | PAGE 99 OF 134 FOR SE OF FORM 24/48 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|--------------------|----------------------|-----------------------------------------------|
| | E OF COMMITTEE (In Full) | | | | | NTIFICATION NUMBER ▼ |
| Wc | omen Speak Out PAC | | | | | 00530766 |
| Chec | k if 🔀 24-hour report 🔲 48-hour report | New repo | ort Amends repo | ort filed on | и м / | D = D / Y = Y = Y |
| | ull Name of Payee | | | Date | of Public [| Distribution/Dissemination |
| | Brogan A Benoit | | | | M M / | 03 / 2014 |
| N | Mailing Address 7144 South River Rd | | | Amou | unt | |
| C | Sity | State | Zip Code | $-\Gamma$ | | 70.00 |
| - 1 | Addis | LA | 70710 | | | : 6d20aa28-0260-4519-8 ement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 11 / | 03 / 2014 |
| Ν | lame of Federal Candidate | | Support | Office Sough | nt: | House District: 00 |
| ľ | Ms. Mary L Landrieu | | X Oppose | Presid | | 1.0 |
| | Calendar Year-To-Date Per Election for Office Sought | , 2 | 33263.10 | Disbursemer 2014 | nt For: Other (spec | Primary X General |
| | Full Name of Payee | | | Date | of Public [| Distribution/Dissemination |
| | Brogan A Benoit | | | | M = M / | 03 / Y Y Y Y Y |
| | Mailing Address 7144 South River Rd | | | L | 11 | 03 2014 |
| | / 144 Joulii Nivei Nu | | | Amou | unt | |
| (| Dity | State | Zip Code | | 1(0) | 8.10 |
| | Addis | LA | 70710 | | | 9f6f359b-150a-4e37-9 ement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 |] [| 11 / | 03 / 2014 |
| ١ | Name of Federal Candidate | | Support | Office Soug | ht: | House District:00 |
| | Ms. Mary L Landrieu | | X Oppose | Presid | dent X | |
| | Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disburseme 2014 | nt For: | Primary X General |
| | | | | | | |
| (a) | SUBTOTAL of Itemized Independent Expenditures | | | · • | 7 | 78.10 |
| (b |) SUBTOTAL of Unitemized Independent Expenditur | es | | • • | - | 7 |
| (c) | TOTAL Independent Expenditures | | | • | | 7 1 2 |
| wit | der penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag | or authorized | | | | |
| | Ms. Emily Buchanan | [Electroni | cally Filed] Date | M = M / | 05 | 2014 |
| | Signature | | | | | |

| Women Speak Out PAC FeC IDENTIFICATION NUMBER ▼ C C C C C C C C C | | neddie E) | | | FOR SE OF | FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------|-------------------|------------------|---------------------------------|-------------------------------|
| Check if 24-hour report | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| Full Name of Payee OLynda Walker Name of Federal Candidate Mailing Address 10000 Mount Pleasant Rd Salary Furpose of Expenditure Mailing Address 10000 Mount Pleasant Rd Salary S | ۷۷ | romen Speak Out PAC | | С | C00530766 | |
| OLynda Walker Mailing Address 10000 Mount Pleasant Rd City State Zip Code Midland NC 28107 Purpose of Expenditure Salary Name of Federal Candidate Senate State: NC 2014 Mis. Kay Hagan State Zip Code President Senate State: NC 2014 Calendar Year-To-Date Purpose of Expenditure Salary Mailing Address 10000 Mount Pleasant Rd Calendar Year-To-Date NC 28107 Full Name of Payee OLynda Walker OLynda Walker Name of Federal Candidate NC 28107 Name of Federal Candidate NC 28107 Name of Payee OLynda Walker Name of Payee OLynda Walker Name of Federal Candidate NC 28107 Name of Federal Candidate Support NC 28107 Calendar Year-To-Date Per Election for Office Sought 1092082.37 Office Sought House District: 00 President Senate State: NC 2014 Amount Transaction ID : 40fc85s2-6e46-46fe-9 Date of Disbursement or Obligation 11 03 02014 Amount 11 03 2014 Amount 2014 Category/ DOZ 11 11 03 2014 Category/ DOZ 11 11 03 2014 Category/ DOZ 2014 Name of Federal Candidate Support NC 28107 Transaction ID : 40fc85s2-6e46-46fe-9 Date of Disbursement or Obligation 11 03 02014 Category/ DOZ 11 11 03 2014 Category/ DOZ | Che | eck if X 24-hour report 48-hour report New report Amends report filed | | - M | / D D / | Y Y Y Y Y |
| Mailing Address 10000 Mount Pleasant Rd City State Zip Code Midland NC 28107 Name of Federal Candidate Support Vivpe 001 Name of Federal Candidate Support Nc 1092082.37 Full Name of Payee Clandar Year-To-Date Per Bection for Office Sought NC 28107 Purpose of Expenditure State Vivpe 001 Fall Name of Payee Clandar Year-To-Date Per Bection for Office Sought NC 28107 Purpose of Expenditure Midland NC 28107 Purpose of Expenditure No. Sanate State NC 2014 Name of Federal Candidate Support No. Sanate State NC 2014 Name of Federal Candidate State Nc 2014 Name of Persident State Nc 2014 Other (spacify) ▶ Interval 11 03 2014 Amount 11 03 2014 Amount | | | Date o | of Pub | lic Distribution | Dissemination |
| City State Zip Code Midland NC 28107 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Typo 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee OLynda Walker City State Zip Code Midland NC 28107 Transaction ID : 089dfc1-d655-d487-8 Date of Disbursement or Obligation The Resident Senate State: NC Disbursement For: Primary General Per Election for Office Sought Tull Name of Payee OLynda Walker Mailing Address 10000 Mount Pleasant Rd City State Zip Code Midland NC 28107 Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement or Obligation The Resident Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement For: Primary Senate State: NC Transaction ID : 407c35c2-de46-461e-9 Date of Disbursement For: Disbursement | | , | М | | | |
| Midland NC 28107 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegony/ Per Election for Office Sought Purpose of Expenditure Salary Calegony/ Tippe Office Sought Oppose President Senate State: NC Disbursement For: Primary General 2014 Other (specify) ▶ Full Name of Payee OLynda Walker City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Purpose of Expenditure Mileage Category/ Tippe OO2 Transaction ID: 0a893ftc1-d65f-4187-8 Date of Public Distribution/Dissemination Tale Sought: No Oppose President Senate State: NC Disbursement For: Primary General 2014 Amount Amount City State Zip Code Midland NC Category/ Tippe OO2 Transaction ID: 40fc85e2-646-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-646-46fe-9 Date of Disbursement ID: 40fc85e2-646-46fe- | | Mailing Address 10000 Mount Pleasant Rd | Amour | nt | | |
| Midland NC 28107 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegony/ Per Election for Office Sought Purpose of Expenditure Salary Calegony/ Tippe Office Sought Oppose President Senate State: NC Disbursement For: Primary General 2014 Other (specify) ▶ Full Name of Payee OLynda Walker City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Purpose of Expenditure Mileage Category/ Tippe OO2 Transaction ID: 0a893ftc1-d65f-4187-8 Date of Public Distribution/Dissemination Tale Sought: No Oppose President Senate State: NC Disbursement For: Primary General 2014 Amount Amount City State Zip Code Midland NC Category/ Tippe OO2 Transaction ID: 40fc85e2-646-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-646-46fe-9 Date of Disbursement ID: 40fc85e2-646-46fe- | ŀ | City State Zip Code | Г. | - | | 90.00 |
| Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Mileage No Calendar Year-To-Date Purpose of Expenditure Mileage Category/ No State Category/ Type Octor Transaction ID : 40r655c2-646-46f6-9 Date of Disbursement For: Date of Disbursement For: Date of Public Distribution/Dissemination 11 03 2014 Amount City State Zip Code Midland No Ze107 Purpose of Expenditure Mileage Category/ Type Octor Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Oppose President Senate State: No Transaction ID : 40r655c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Category/ Type Octor Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Amount Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Transaction ID : 40r65c2-646-46f6-9 Date of Disbursement or Obligation Til 03 2014 Transa | | | | | | I-d65f-4187-8 |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee OLynda Walker Mailing Address 10000 Mount Pleasant Rd City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought NC 28107 Transaction D: 40fc85e2-646-66e-9 Date of Disbursement or Obligation Transaction D: 40fc85e2-646-66e-9 Date of Disbursement For: Date President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Transaction D: 40fc85e2-646-66e-9 Date of Disbursement For: Disburseme | | Salary Odlegory 001 | | - M | / D D / | Y Y Y Y Y |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary General 2014 Other (specify) ▶ Date of Public Distribution/Dissemination OLynda Walker Disbursement For: Primary General 2014 Amount Amount City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 40fc85e2-6a46-46fe-9 Date of Disbursement or Obligation Tansaction ID: 40fc85e2-6a46-46fe-9 Date of Disbursement or Obligation Tansaction ID: 40fc85e2-6a46-46fe-9 Date of Disbursement or Obligation Tansaction ID: 40fc85e2-6a46-46fe-9 Date of Disbursement For: Disbursement For: Disbursement For: Primary General 2014 Name of Federal Candidate NS. Kay Hagan Calendar Year-To-Date Per Election for Office Sought To Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Disbursement For: Primary General 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanam [Electronically Filed] Date | ŀ | Name of Federal Candidate Support Office | Sough | t: | House | District: 00 |
| Per Election for Office Sought 1092082.37 | | Ma Vaullanen | _ | | | State: NC |
| Full Name of Payee OLynda Walker Mailing Address 10000 Mount Pleasant Rd City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought 1092082.37 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation To Date of Disbursement or Obligation To Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation To Date of Di | | 4000000 07 | | | | X General |
| OLynda Walker Mailing Address 10000 Mount Pleasant Rd Amount City State Zip Code Midland NC 28107 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Support Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought 1092082.37 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Category/ Type 002 Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement For: Date President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 111 05 2014 | | Full Name of Pavee | | | | /Discomination |
| Mailing Address 10000 Mount Pleasant Rd City State Zip Code NC 28107 Purpose of Expenditure Mileage Category/ 002 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Amount Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Transaction ID: 40fc85e2-6e46-46fe-9 Date of D | | | | - M | / D D / | Y Y Y Y Y |
| Midland NC 28107 Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Tother (specify) (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: 40fc85e2-6e46-46fe-9 Date of Disbursement or Obligation Mill | | Mailing Address 10000 Mount Pleasant Rd | Amou | | 03 | 2014 |
| Purpose of Expenditure Mileage Category/ Mileage Category/ Type O2 Type O2 Type O3 Y Z014 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | | City State Zip Code | | | | 26.70 |
| Purpose of Expenditure Mileage Category/ Type 002 | | Midland NC 28107 | Transa Date of | ction of Dish | ID: 40fc85e2- oursement or 0 | 6e46-46fe-9 Obligation |
| Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 1092082.37 Disbursement For: Primary General | | Mileage Category/ 002 | | - M | / D D / | YYYY |
| Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC | | Name of Federal Candidate Support Office | Sough | t: | House | District: 00 |
| Per Election for Office Sought 1092082.37 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | | _ | | Senate | State: NC |
| (c) TOTAL Independent Expenditures | | 4000000 07 2014 | | | | General |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | (| (a) SUBTOTAL of Itemized Independent Expenditures | | - | 7 | 116.70 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date M M M | (| (b) SUBTOTAL of Unitemized Independent Expenditures | | -7 | | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date M M M | (| (c) TOTAL Independent Expenditures | | | - 4 | |
| [Electronically Filed] Date 11 05 2014 | ١ | with, or at the request or suggestion of, any candidate or authorized committee or agent of either | | | | |
| v buto v buto | | [El-+ | M / | | | |
| | | Signature | | _ <u></u> | | |

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OF

| | FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report New | w report Amends report filed on Amends report |
| Full Name of Payee Aleksandra B Padua | Date of Public Distribution/Dissemination |
| | 11 03 / Y Y Y Y Y Y |
| Mailing Address 110 Bridge gate Dr | Amount |
| City State | Zip Code 45.00 |
| Cary NC | 27519 Transaction ID : 178e8141-e46a-405c-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 11 03 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Aleksandra B Padua Mailing Address 110 Bridge gate Dr | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5 FTO Bridge gate Di | Amount |
| City State | Zip Code 11.61 |
| Cary NC | 27519 Transaction ID : 04a0c4e8-a557-4c6b-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 11 03 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 56.61 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | •••••••••••••••••••••••••••••••••••••• |
| (c) TOTAL Independent Expenditures | • • • • • • • • • • • • • • • • • • • |
| | litures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political |
| | [ectronically Filed] Date 11 05 2014 |
| Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvo | men Speak Out PAC | C C00530766 |
| Check | if X 24-hour report 48-hour report New report Amends report file | d on M M M / D D / Y Y Y Y Y Y |
| | III Name of Payee | Date of Public Distribution/Dissemination |
| | Mr. Roger McKinney | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| M | ailing Address 308 West Main Street | Amount |
| С | ity State Zip Code | 95.00 |
| | Pilot Mountian NC 27041 | Transaction ID : 52bc3cff-6e17-47e8-a Date of Disbursement or Obligation |
| | category/ Type Category/ Type | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N | ame of Federal Candidate Support Office | e Sought: House District: 00 |
| Ν | Is. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disk 2014 | ursement For: Primary |
| | ull Name of Payee Mr. Roger McKinney lailing Address 308 West Main Street | Date of Public Distribution/Dissemination 11 03 2014 Amount |
| | ity State Zip Code | 29.73 |
| | Pilot Mountian NC 27041 | Transaction ID : 2dc9b52a-eb1f-46d7-9 Date of Disbursement or Obligation |
| | urpose of Expenditure Mileage Category/ Type 002 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| N | ame of Federal Candidate Support Office | ce Sought: House District: 00 |
| M | Is. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Dist 201 | oursement For: Primary General Other (specify) |
| (a) | SUBTOTAL of Itemized Independent Expenditures | 124.73 |
| (b) | SUBTOTAL of Unitemized Independent Expenditures | |
| (c) | TOTAL Independent Expenditures | |
| with | der penalty of perjury I certify that the independent expenditures reported herein were not n, or at the request or suggestion of, any candidate or authorized committee or agent of eith ty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 11 05 2014 |
| | Signature | |

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OF

| Schedule E) | 141 EX. E | 1101120 | | PAGE 103 OF 134 FOR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | / D D / Y D Y D Y |
| Full Name of Payee Glenda McKinney | <u>/</u> | | Date of F | Public Distribution/Dissemination |
| Mailing Address 308 West Main Street | | | Amount | |
| | | | | |
| City Plot Mountain | State NC | Zip Code 27041 | | 95.00 ion ID : ba2a4571-776c-425c-8 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of L | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement For 2014 Other | or: Primary X General r (specify) ▶ |
| Full Name of Payee Francesca Blom | | | M | |
| Mailing Address 101 Asbury Ct | | | Amount | 03 2014 |
| City | State | Zip Code | | 80.00 |
| Winchester | VA | 22602 | | on ID : 6de432e9-3dac-4a4b-8 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For 2014 Othe | or: Primary X General r (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | · • | 175.00 |
| (b) SUBTOTAL of Unitemized Independent Expen | nditures | | • | |
| (c) TOTAL Independent Expenditures | | | · | 7 7 7 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i | idate or authorized | | | |
| Ms. Emily Buchanan | [Electro | nically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | E OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VVC | omen Speak Out PAC | C C00530766 |
| Chec | ck if X 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y |
| | Thorage a Vounghlood | Date of Public Distribution/Dissemination |
| L | Theresa a Youngblood | 11 03 2014 |
| N | Mailing Address 102 S Main Street Apt A2 | Amount |
| | City State Zip Code | 110.00 |
| L | Berryville VA 22611 | Transaction ID : 34e54226-00b3-4abe-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: |
| | Full Name of Payee Timothy Foley | Date of Public Distribution/Dissemination |
| Ī | Mailing Address 20679 Glenbrook Terrace | 11 03 2014 Amount |
| | City State Zip Code | 40.00 |
| ı | Sterling VA 20165 | Transaction ID : 95dc12ad-c391-4a3e-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary |
| (a |) SUBTOTAL of Itemized Independent Expenditures | 150.00 |
| (b | SUBTOTAL of Unitemized Independent Expenditures | |
| (с |) TOTAL Independent Expenditures | |
| wi | nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | M / 05 / 2014 |
| | Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Jennifer F Gilbert | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 180 McNeil Steep Hollow Rd | Amount |
| | City State Zip Code | 30.00 |
| | Carriere MS 39426 | Transaction ID: 8e942fab-235a-4152-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 233263.10 | ursement For: Primary ⊠ General Other (specify) ▶ |
| | Full Marse of Davis | |
| | Full Name of Payee Jennifer F Gilbert | Date of Public Distribution/Dissemination |
| | Mailing Address 180 McNeil Steep Hollow Rd | 11 03 2014 Amount |
| | City State Zip Code | 21.30 |
| | Carriere MS 39426 | Transaction ID: 01c6318c-03c6-46e2-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Mary L Landrieu Oppose | President State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 233263.10 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 51.30 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |

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| | | FOR SE OF FORM 24/48 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Stuart T Haley | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 600 W Vine Ave | Amount |
| | City State Zip Code | 95.00 |
| | Searcy AR 72143 | Transaction ID : c9cc408e-ad6f-4489-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 / 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 | ursement For: Primary |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Stuart T Haley | Man / Dab / Yayayay 11 03 2014 |
| | Mailing Address 600 W Vine Ave | Amount |
| | City State Zip Code | 30.00 |
| | Searcy AR 72143 | Transaction ID : 77dfff65-8c65-4514-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 | ursement For: Primary X General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 125.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |

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| | | FOR SE OF FORM 24/48 |
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| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | omen Speak Out PAC | C C00530766 |
| Che | eck if X 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Ms. Tonya Boyd | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 2357 Fancy Cap Rd | Amount |
| ŀ | City State Zip Code | 80.00 |
| | Mt. Airy NC 27030 | Transaction ID : 3c34f50e-aaae-49b8-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| ı | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary |
| l | Full Name of Payee Ms. Tonya Boyd | Date of Public Distribution/Dissemination |
| | Mailing Address 2357 Fancy Cap Rd | 11 03 2014 Amount |
| | City. Chata 7ia Cada | 44.05 |
| | City State Zip Code Mt. Airy NC 27030 | 14.85 Transaction ID : 240d8974-decc-4d1d-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ١ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 94.85 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvom | en Speak Out PAC | C C00530766 |
| Check if | 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | Name of Payee | Date of Public Distribution/Dissemination |
| | anna R Williams | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Maili | ing Address 1510 W Pawnee Apt 2103 | Amount |
| City | State Zip Code | 62.50 |
| | hita KS 67213 | Transaction ID: 0432fb26-348d-41a5-8 Date of Disbursement or Obligation |
| Purp Sala | ose of Expenditure Category/ Type 001 | M 11 |
| Nam | ne of Federal Candidate Support Office | Sought: House District:00 |
| Mr. | Great Orman | President Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary General Other (specify) ▶ |
| Full | Name of Payee | Date of Public Distribution/Dissemination |
| | anna R Williams | 11 03 2014 |
| Mail | ing Address 1510 W Pawnee Apt 2103 | Amount |
| City | State Zip Code | 15.60 |
| | · | Transaction ID : c0f8f7f9-aa33-412d-b Date of Disbursement or Obligation |
| | pose of Expenditure category/ Type 002 | 11 03 2014 |
| Nam | ne of Federal Candidate Support Office | Sought: House District:00 |
| Mr. | Greg Orman Oppose | President Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary X General Other (specify) ▶ |
| (a) S | UBTOTAL of Itemized Independent Expenditures | 78.10 |
| (b) S | UBTOTAL of Unitemized Independent Expenditures | |
| (c) T | OTAL Independent Expenditures | |
| with, | r penalty of perjury I certify that the independent expenditures reported herein were not material or at the request or suggestion of, any candidate or authorized committee or agent of either, committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 11 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Sig | gnature | |

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OF

| Schedule E) | L /(: L (: 2) | 101120 | | PAGE 109 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|----------------------|----------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | rt filed on | M / D D / Y B Y B Y |
| Full Name of Payee Jake Mathews | | | M | of Public Distribution/Dissemination |
| Mailing Address 6418 East 12 St | | | Amour | 11 03 2014 nt |
| City S | State | Zip Code | | 40.00 |
| | KS | 67206 | | action ID : dce9a343-251e-4253-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought | :: House District:00 |
| Mr. Greg Orman | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 48067.91 | Disbursement 2014 Ot | For: Primary X General |
| Full Name of Payee Jake Mathews | | | | of Public Distribution/Dissemination |
| Mailing Address 6418 East 12 St | | | Amou | nt |
| City | State | Zip Code | | 22.80 |
| | KS | 67206 | Transa Date o | ction ID: 523cdecc-a185-4f58-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: District: 00 |
| Mr. Greg Orman | | X Oppose | Preside | ent X Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 1 1 1 | 248067.91 | Disbursement 2014 Of | t For: Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | , [| 62.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| (c) TOTAL Independent Expenditures | | | · . | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized | | | |
| Ms. Emily Buchanan | [Electroni | ically Filed] Date | 11 / | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Schedule E) | VI EXI END | ITOTILO | | PAGE 110 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Marilyn Galliardt | | | Date of Pub | lic Distribution/Dissemination |
| Mailing Address 410 Wedgewood Ct | | | Amount | 03 2014 |
| | | | | |
| City Hesston | State KS | Zip Code 67062 | | 60.00 ID: 73a3d21a-cd2b-48d6-a pursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 248067.91 | Disbursement For: 2014 Other (s | Primary ⊠ General specify) ► |
| Full Name of Payee Phillip Williams | _ | | M = M | lic Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amount | 03 2014 |
| City | State | Zip Code | | 80.00 |
| Greensboro | NC | 27407 | | ID: e73ae316-dbb1-4b79-a bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 1092082.37 | Disbursement For: 2014 Other (s | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | • | 140.00 |
| (b) SUBTOTAL of Unitemized Independent Expend | litures | | • | |
| (c) TOTAL Independent Expenditures | | | | |
| | | | <u> </u> | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 11 05 | 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VV | omen Speak Out PAC | C C00530766 |
| Che | ck if 🔀 24-hour report 🗌 48-hour report 🔲 New report 🗌 Amends report filed | on M = M / D = D / Y = Y = Y |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Marilyn Galliardt | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 410 Wedgewood Ct | Amount |
| ŀ | City State Zip Code | 60.00 |
| | Hesston KS 67062 | Transaction ID: e7a585a8-1996-4902-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| ı | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 248067.91 Disbut 2014 | orsement For: Primary |
| r | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Phillip Williams | 11 03 2014 |
| | Mailing Address 3007 Darden Rd | Amount |
| ŀ | City State Zip Code | 18.60 |
| | Greensboro NC 27407 | Transaction ID: 29dc4162-856f-414e-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 2014 |
| ľ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC State: |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | orsement For: Primary X General Other (specify) ▶ |
| (| a) SUBTOTAL of Itemized Independent Expenditures | 78.60 |
| (| b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| c) TOTAL Independent Expenditures | |
| W | Inder penalty of perjury I certify that the independent expenditures reported herein were not mainth, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | النتا لتا ا |

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OF

| Schedule E) | EXI END | 71101120 | | PAGE 112 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|----------------------------|--------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | M / D = D / Y = Y = Y = Y |
| Full Name of Payee Marilyn Galliardt | | | М | |
| Mailing Address 410 Wedgewood Ct | | | Amount | للنبا لتا ك |
| City | State | Zip Code | | 45.00 |
| Hesston | KS | 67062 | | ction ID : 36f6cdcb-861b-491d-9 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 1 | 1 03 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | Presiden | t Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement I 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Beverly Williams | | | | 1 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3007 Darden Rd | | | | 03 2014 |
| 3337 24.454 | | | Amount | |
| City | State | Zip Code | | 80.00 |
| Greensboro | NC | 27407 | Transact Date of | tion ID : 279df79f-6b5f-4cd3-b Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 1 | 1 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursement 2014 Oth | For: Primary X General Primary Primary Rer (specify) ▶ |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 125.00 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | ·· • | 7 7 |
| (c) TOTAL Independent Expenditures | | | · . | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or | lidate or authorize | | | |
| Ms. Emily Buchanan | [Electro | nically Filed] Date | | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | |

| Schedule E) | | PAGE 113 OF 134 FOR SE OF FORM 24/48 |
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| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report New | w report Amends report fi | illed on |
| Full Name of Payee LaVonna A Brown | | Date of Public Distribution/Dissemination |
| Mailing Address 1211 Treaty Rd | | 11 03 2014 |
| | | Amount |
| City State | Zip Code | 80.00 |
| Delphos KS | 67436 | Transaction ID : f5333173-adb3-4d08-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Of | ffice Sought: House District: 00 |
| Mr. Greg Orman | Oppose [| President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | isbursement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| LaVonna A Brown | | 11 03 Y Y Y Y Y |
| Mailing Address 1211 Treaty Rd | | Amount |
| City State | Zip Code | 24.00 |
| Delphos KS | 67436 | Transaction ID : 8cffb720-2d19-4548-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 03 2014 |
| Name of Federal Candidate | Support O | Office Sought: House District: 00 |
| Mr. Greg Orman | X Oppose | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | olisbursement For: ☐ Primary ☐ General Other (specify) ▶ |
| The state of the s | | 404.00 |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 104.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures |) | |
| Under penalty of perjury I certify that the independent expendir with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Ele | ectronically Filed] Date | 11 05 2014 |
| Signature | | |

| | | | | FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------------|-------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends rep | port filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Zachary R McCleese | | | | 11 03 2014 |
| Mailing Address 323 Rolling Pines Dr | | | Amo | unt |
| City | State | Zip Code | | 70.00 |
| Spring Lake | NC | 28390 | | saction ID : ac86c70a-622c-4a50-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 00 | | 11 03 7 2014 |
| Name of Federal Candidate | | Support | Office Soug | ht: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presid | |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 280777.85 | Disburseme 2014 | nt For: Primary |
| Full Name of Payee | | | | |
| Zachary R McCleese | | | Date | of Public Distribution/Dissemination |
| Mailing Address 323 Rolling Pines Dr | | | Amo | |
| City | State | Zip Code | | 21.30 |
| Spring Lake | NC | 28390 | | action ID : f6db405e-cb4e-4845-b of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Soug | ht: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | Presid | dent State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disburseme 2014 | ent For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | litures | | | 91.30 |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | | |
| (c) TOTAL Independent Expenditures | | | ··· • [| 7 . 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Da | te 11 / | 05 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| Signature | | | | |

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| Schedule E) | INT EXICIND | ITOTILO | | PAGE 115 OF 134 FOR SE OF FORM 24/48 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------------------------|----------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y = Y |
| Full Name of Payee Tywan Scott-Kwofie | | | M = M | olic Distribution/Dissemination |
| Mailing Address 117 East Maple St | | | Amount | 03 2014 |
| City | State | Zin Codo | | 55.00 |
| Bucklin | KS | Zip Code 67834 | | n ID : 86928990-6b92-4863-8 bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | Disbursement For: 2014 Other (| Primary |
| Full Name of Payee | | | Date of Pul | blic Distribution/Dissemination |
| Tywan Scott-Kwofie | | | M M M M 11 | 03 2014 |
| Mailing Address 117 East Maple St | | | Amount | |
| City | State | Zip Code | | 7.63 |
| Bucklin | KS | 67834 | | ID: 650b6c2b-eb32-4edb-a sbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | Oppose | President | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 248067.91 | Disbursement For: 2014 Other (| : |
| (a) SUBTOTAL of Itemized Independent Expendent | tures | | . • | 62.63 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | | |
| | | | | 7 |
| (c) TOTAL Independent Expenditures | | |) | 7- 1 - 7- 1 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 05 | |
| o.g.iataro | | | | |

| | FOR SE OF FORM 24/48 |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report filed on Amends report |
| Full Name of Payee Windy Hageman | Date of Public Distribution/Dissemination |
| , , | 11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5521 Randolph St. | Amount |
| City State | Zip Code 65.00 |
| Marrero LA | 70072 Transaction ID : 964243d8-c277-4ded-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Windy Hageman | Date of Public Distribution/Dissemination |
| Mailing Address 5521 Randolph St. | 11 03 2014 |
| · · | Amount |
| City State | Zip Code 16.50 |
| Marrero LA | 70072 Transaction ID : 3867a660-8682-4d7c-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 111 / 03 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 81.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • • • • • • • • • • • • • • • • • • • |
| (c) TOTAL Independent Expenditures | > |
| | enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political |
| | [Electronically Filed] Date 11 05 2014 |
| Signature | |

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OF

| Schedule E) | | | | PAGE 117 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|----------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| | | | | 0 00000.33 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Payee Trevor D Hageman | | | | of Public Distribution/Dissemination |
| Mailing Address 5521 Randolph St | | | IM | 11 03 2014 |
| 3521 Kandolph St | | | Amour | nt |
| City | State | Zip Code | | 12.50 |
| Marrero | LA | 70072 | | action ID: 8ebad960-2fb3-432d-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 2 | 233263.10 | Disbursement 2014 Of | t For: Primary X General ther (specify) ▶ |
| Full Name of Payee | | | Date of | of Public Distribution/Dissemination |
| Colton R Overcash | | | М | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 121 Ohara Dr | | | | 11 00 2014 |
| | | | Amou | nt |
| City | State | Zip Code | | 95.00 |
| Salisbury | NC | 28147 | | ction ID: 747b1f81-4a13-41e8-9 of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 11 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 1092082.37 | Disbursemen 2014 O | t For: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | • | 107.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | e or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 11 | 05 / 2014 |
| Signature | | _ | | |

| <u> </u> | FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ |
| Tromon opean out i no | C C00530766 |
| Check if 24-hour report 48-hour report New report Amends report filed | d on Man / Dad / Yayayay |
| Full Name of Payee Colton R Overcash | Date of Public Distribution/Dissemination |
| | 11 03 2014 |
| Mailing Address 121 Ohara Dr | Amount |
| City State Zip Code | 165.00 |
| Salisbury NC 28147 | Transaction ID: 18e3237b-295f-45f7-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 03 / 2014 |
| Name of Federal Candidate Support Offic | e Sought: House District:00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disb. 2014 | ursement For: Primary General |
| | U Other (specify) ▶ |
| Full Name of Payee Ralph Smith | Date of Public Distribution/Dissemination |
| Mailing Address 2090 Fancy Gap Rd | 11 03 2014 Amount |
| City State Zip Code | 80.00 |
| Mt. Airy NC 27030 | Transaction ID : e8b3fd36-a852-446d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 245.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Buto | 11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| Schedule E) | LAFLINDI | TUNES | | PAGE 119 OF 134 FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------|--------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report 48-hour report | X New repo | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee Ralph Smith | | | Date of Pub | olic Distribution/Dissemination |
| Mailing Address 2090 Fancy Gap Rd | | | Amount | 03 2014 |
| | | | | |
| ' | State NC | Zip Code | | 14.85 |
| Mt. Airy | INC | 27030 | | n ID: 676d4e17-cc91-44a2-b bursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 11 | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 10 | 92082.37 | Disbursement For: | Primary X General |
| Full Name of Payee | | | | olic Distribution/Dissemination |
| Dylan J Sparks | | | M M M | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 915 East Market Ave | | | Amount | |
| City | State | Zip Code | | 100.00 |
| Searcy | AR | 72149 | | ID : cfcdd7dd-ed9b-4d24-a bursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disbursement For: 2014 Other (| Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | 114.85 |
| | | | | 7 - |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | · • | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | |
| Ms. Emily Buchanan | [Electroni | cally Filed] Date | 11 / 05 | 2014 |
| Signature | | | | |

| ooneduic Ly | FOR SE OF FORM 24/48 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if Z 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | te of Public Distribution/Dissemination |
| Dylan J Sparks | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 915 East Market Ave | nount |
| City State Zip Code | 75.60 |
| Searcy AR 72149 Tra | ansaction ID : 4448cac1-0a8a-4200-a te of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Mr. Mark L Pryor Oppose Pres | sident Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disbursem 280777.85 Disbursem 2014 | 1 |
| | Other (specify) |
| Full Name of Payee Da Jordyn Kilbury | te of Public Distribution/Dissemination |
| Mailing Address 5416 S Santa Fe Street Am | 11 03 2014 nount |
| City State Zip Code | 70.00 |
| Wichita KS 67216 Trai | nsaction ID: 89e4fc2b-199d-4994-a tte of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 7 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Mr. Greg Orman Oppose Pres | sident Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 | nent For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 145.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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OF

| | | FOR SE OF FORM 24/48 |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VVO | men Speak Out PAC | C C00530766 |
| Check | x if X 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| | ull Name of Payee | Date of Public Distribution/Dissemination |
| | Jordyn Kilbury | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| М | ailing Address 5416 S Santa Fe Street | Amount |
| С | ity State Zip Code | 8.70 |
| | Vichita KS 67216 | Transaction ID: 4da455e5-45a0-4f57-a Date of Disbursement or Obligation |
| | urpose of Expenditure //ileage Category/ Type 002 | 11 03 7 2014 |
| N | ame of Federal Candidate Support Office | Sought: House District: 00 |
| M | 1r. Greg Orman Oppose | President State: KS |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 248067.91 Disbut 2014 | rsement For: Primary X General Other (specify) ▶ |
| F | ull Name of Payee Joneisha Stewart | Date of Public Distribution/Dissemination |
| M | lailing Address 2329 Runnymede Dr | Amount |
| С | ity State Zip Code | 30.00 |
| N | Marrero LA 70072 | Transaction ID : 85cf03ba-0fcf-4b03-8 Date of Disbursement or Obligation |
| | urpose of Expenditure Salary Category/ Type 001 | 11 / 03 / 2014 |
| N | ame of Federal Candidate Support Office | Sought: House District: 00 |
| N | Ms. Mary L Landrieu Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary General Other (specify) ▶ |
| (a) | SUBTOTAL of Itemized Independent Expenditures | 38.70 |
| (b) | SUBTOTAL of Unitemized Independent Expenditures | |
| (c) | TOTAL Independent Expenditures | |
| with | der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent. | |
| - | Ms. Emily Buchanan [Electronically Filed] Date Signature | 05 / 2014 |
| | Oignaturo - | |

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OF

| Schedule E) | I EXI END | TOTILO | | PAGE 122 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|--------------------------------|---------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C | C00530766 | | |
| Check if 24-hour report 48-hour report | / D = D / Y = Y = Y = Y | | | |
| Full Name of Payee Joneisha Stewart | | | M = M | olic Distribution/Dissemination |
| Mailing Address 2329 Runnymede Dr | | | Amount | 03 2014 |
| 011 | 0 | 7: 0 ! | | 7.00 |
| City Marrero | State LA | Zip Code 70072 | | 7.80 n ID: b5d72e35-d214-4acd-8 bursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M - M 11 | 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , , 2 | 33263.10 | Disbursement For: 2014 Other (| Primary ⊠ General |
| Full Name of Payee Robert B Johnson | | | M = M | blic Distribution/Dissemination |
| Mailing Address 804 Worthington Way | | | Amount | 03 2014 |
| City | State | Zip Code | | 20.00 |
| Wilmington | NC | 28411 | | ID: f5d8cbf9-177e-455d-9 sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 | 03 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , | 1092082.37 | Disbursement For: 2014 Other (| Primary X General Specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditure | 9S | | | 27.80 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | | |
| | | | | 7 |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 |
| Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its | ite or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 05 | |
| Signature | | | | |

| Schedule E) | LIVI EXI END | TIONES | PAGE 123 OF 134 FOR SE OF FORM 24/48 | | | |
|------------------------------------------------------|---------------------|-----------------------|------------------------------------------------------------------------------------------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ | | | |
| Women Speak Out PAC | women Speak Out PAC | | | | | |
| Check if 24-hour report 48-hour report | rt filed on | | | | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | | | |
| Jacob T Craig | | | 11 03 / Y Y Y Y Y Y | | | |
| Mailing Address 1410 Bushville Dr | | | Amount | | | |
| City | State | Zip Code | 20.00 | | | |
| Lenoir | NC | 28645 | Transaction ID : 80f7545e-9a56-4d88-9 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 03 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: House District:00 | | | |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC | | | |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 092082.37 | Disbursement For: Primary X General 2014 Other (specify) ▶ | | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | | | |
| Joseph R English | | | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Mailing Address 915 East Market Ave Apt 4 | | | Amount | | | |
| City | State | Zip Code | 100.00 | | | |
| Searcy | AR | 72143 | Transaction ID : ab2be2f2-3f52-4fe9-8 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 / 03 / 2014 | | | |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | | | |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR | | | |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 280777.85 | Disbursement For: Primary ⊠ General 2014 Other (specify) ▶ | | | |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | . ▶ 120.00 | | | |
| | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | . • | | | |
| (c) TOTAL Independent Expenditures | | | | | | |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 05 / 2014 | | | |
| • | | | | | | |

| Schedule E) | CHI EXIEND | ITOTILO | | GE 124 OF 134 OR SE OF FORM 24/48 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|--------------------------------------|------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDEN | TIFICATION NUMBER ▼ |
| Women Speak Out PAC | C coo | 0530766 | | |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | rt filed on |) |
| Full Name of Payee Joseph R English | | | | stribution/Dissemination |
| Mailing Address 915 East Market Ave Apt 4 | | | 11 | 03 2014 |
| - City | Obsta | 7'- O- I- | | 50.50 |
| City Searcy | State AR | Zip Code 72143 | | 52.50 201823e9-0182-47c4-8 ment or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disbursement For: 2014 Other (specif | Primary |
| Full Name of Payee Carl Brent | | | | stribution/Dissemination |
| Mailing Address 6718 Lake Willow Dr | | | 11 / | 02 2014 |
| or to Lake Willow Di | | | Amount | |
| City | State | Zip Code | | 80.00 |
| New Orleans Purpose of Expenditure | LA | 70126 | | 898be5c-0353-4f95-8 ment or Obligation |
| Salary | | Category/ Type 001 | 11 / | 02 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 233263.10 | Disbursement For: 2014 Other (specif | Primary |
| (a) SUBTOTAL of Itemized Independent Exper | ditures | | . | 132.50 |
| (b) SUBTOTAL of Uniternized Independent Exp | penditures | | | |
| (c) contains an elimental mappendent and | | | 7 | 4 4 |
| (c) TOTAL Independent Expenditures | | | > | - APA |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 05 / | 2014 |
| 3 | | | | |

| Schedule E) | II EXPEND | ITONES | PAGE 125 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee Carl Brent | | | Date of Public Distribution/Dissemination |
| Mailing Address 6718 Lake Willow Dr | | | 11 02 2014 Amount |
| | | | 7.1100.11 |
| City | State | Zip Code | 14.70 |
| New Orleans | LA | 70126 | Transaction ID: 40c34e40-787b-428a-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 233263.10 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| Full Name of Payee | _ | | Date of Public Distribution/Dissemination |
| Jonathan M Harris | | | 11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3654 Tara St | | | Amount |
| City | State | Zip Code | 60.00 |
| Springdale | AR | 72762 | Transaction ID : 6312687c-8619-4c6f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 02 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 280777.85 | Disbursement For: Primary General 2014 Gther (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditur | es | | 74.70 |
| , | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorize | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | |

| | | FOR SE OF FORM 24/48 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| VV | omen Speak Out PAC | C C00530766 |
| Che | ck if X 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| T | Full Name of Payee Jonathan M Harris | Date of Public Distribution/Dissemination |
| | | 11 02 2014 |
| | Mailing Address 3654 Tara St | Amount |
| t | City State Zip Code | 7.20 |
| | Springdale AR 72762 | Transaction ID: 95eb1cff-74fb-4861-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 02 7 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 Disbut 2014 | rsement For: Primary |
| ľ | Full Name of Payee Kaitlyn B Allen | Date of Public Distribution/Dissemination |
| - | Mailing Address 2121 Daniel Dr | Amount |
| ŀ | City State Zip Code | 110.00 |
| | Searcy AR 72143 | Transaction ID: c5b7ebd9-4550-466a-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 02 / 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbu 280777.85 | rsement For: Primary |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | 117.20 |
| (l | b) SUBTOTAL of Unitemized Independent Expenditures | |
| (0 | c) TOTAL Independent Expenditures | |
| W | nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

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OF

| Schedule E) | HI EXI END | ITOTILO | | PAGE 127 OF 134 FOR SE OF FORM 24/48 | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|----------------------------------|-------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ | | |
| Women Speak Out PAC | vomen Speak Out PAC | | | | | |
| Check if 24-hour report 48-hour report | rt filed on | / D = D / Y = Y = Y | | | | |
| Full Name of Payee Kaitlyn B Allen | | | Date of Publi | c Distribution/Dissemination | | |
| Mailing Address 2121 Daniel Dr | | | Amount | 02 2014 | | |
| City | Ctata | 7in Code | | 22.40 | | |
| City Searcy | State AR | Zip Code 72143 | | 23.40 ID: 05f04e5c-14a8-434b-8 ursement or Obligation | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 11 | 02 2014 | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | |
| Mr. Mark L Pryor | | X Oppose | | Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | 280777.85 | Disbursement For: 2014 Other (sp | Primary | | |
| Full Name of Payee Rose M Aldapa | | | | ic Distribution/Dissemination | | |
| Mailing Address 14817 E 29th N | | | 11 | 03 2014 | | |
| 14017 L 25011N | | | Amount | | | |
| City | State | Zip Code | | 15.00 | | |
| Wichita Purpose of Expenditure | KS | 67228 | | D: 1739b543-7be8-4209-9 ursement or Obligation | | |
| Salary | | Category/ Type 001 | 11 | 03 2014 | | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 | | |
| Mr. Greg Orman | | Oppose | President | Senate State: KS | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 248067.91 | Disbursement For: 2014 Other (sp | Primary X General pecify) ▶ | | |
| (a) SUPTOTAL of Itamized Independent Expanditu | iroo | | | 29.40 | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | ires | | - | 38.40 | | |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | · > | 7 | | |
| (c) TOTAL Independent Expenditures | | | • | 7 | | |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorized | | | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 11 / 05 | 2014 | | |
| • | | | | | | |

| Schedule E) | INT EXI END | HONES | - | PAGE 128 OF 134 FOR SE OF FORM 24/48 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-----------------------------------|------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDI | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C | 000530766 | | |
| Check if 24-hour report 48-hour report | D = D / Y = Y = Y | | | |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Rose M Aldapa | | | M M / | 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 14817 E 29th N | | | Amount | |
| City | State | Zip Code | | 12.00 |
| Wichita | KS | 67228 | | D: c476c33b-9317-4ceb-8 sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 11 / | 03 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | X Oppose | President X | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | ., | 248067.91 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Rose M Aldapa | | | 11 / | 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 14817 E 29th N | | | Amount | |
| City | State | Zip Code | | 35.00 |
| Wichita | KS | 67228 | | : 56bdbe4e-cd80-4b76-b sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 11 / | 02 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Greg Orman | | Oppose | President > | Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | · · · · · · · | 248067.91 | Disbursement For: 2014 Other (spe | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 47.00 |
| , | | | 7 | 7 |
| (b) SUBTOTAL of Unitemized Independent Exper | ditures | |) | 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 11 / 05 | 2014 |
| - | | | | |

| Schedule E) | | PAGE 129 OF 134 FOR SE OF FORM 24/48 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report Ne | ew report Amends report fi | iled on Man / Dad / Yayayay |
| Full Name of Payee Rose M Aldapa | | Date of Public Distribution/Dissemination |
| Mailing Address 14817 E 29th N | | 11 02 2014 Amount |
| City State | Zip Code | 15.90 |
| Wichita KS | 67228 | Transaction ID : efe54bcc-1126-4035-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Of | ffice Sought: House District: 00 |
| Mr. Greg Orman | Oppose [| President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | isbursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee Caelan J Blair | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 510 Haymaker Hall | | Amount |
| City State | Zip Code | 15.00 |
| Manhattan KS | 66506 | Transaction ID: 0cdc9a4b-35b2-47fd-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 11 03 / 2014 |
| Name of Federal Candidate | Support O | ffice Sought: House District: 00 |
| Mr. Greg Orman | ∑ Oppose | President Senate State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | isbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 30.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| | | |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent expension with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan | Electronically Filed] Date | 11 05 2014 |
| Signature | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | /omen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| П | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Carol L Walters | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 1900 Glen West Way | Amount |
| | City State Zip Code | 90.00 |
| | Fort Smith AR 72916 | Transaction ID : 75d8eb17-d1fc-4139-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor | President State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 | ursement For: Primary X General |
| | Per Election for Office Sought | Other (specify) |
| | Full Name of Payee Carol L Walters | Date of Public Distribution/Dissemination |
| | Mailing Address 1900 Glen West Way | 11 03 2014 Amount |
| | | |
| | City State Zip Code | 23.10 |
| | Fort Smith AR 72916 | Transaction ID: 5790fb02-ce99-4177-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 11 03 7 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | | President State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 280777.85 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 113.10 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| 1 | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 1 | 1 05 2014 |
| | Signature | |
| | | |

PAGE 130

OF

| Sch | nedule E) | L /(L /(L) | 1101120 | | PAGE 131 OF 134 FOR SE OF FORM 24/48 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------|---------------------|-------------------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | C C00530766 |
| Che | ck if 24-hour report 48-hour report | New repo | ort Amends repo | ort filed on | T = M / D = D / Y = Y = Y |
| T | Full Name of Payee Hannah K Smith | | | | of Public Distribution/Dissemination |
| | Mailing Address 633 Scott Dr | | | Amou | 11 03 2014 |
| | | | | | |
| 1 | City Gibsonville | State NC | Zip Code 27249 | | 90.00 saction ID : 09f4a4c9-4469-44bc-8 |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | of Disbursement or Obligation 11 03 2014 |
| | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | Preside | NO. |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | Disbursemen 2014 O | nt For: Primary X General Other (specify) ▶ |
| | Full Name of Payee Hannah K Smith | | | | of Public Distribution/Dissemination |
| | Mailing Address 633 Scott Dr | | | Amou | |
| ŀ | City | State | Zip Code | | 17.40 |
| | Gibsonville | NC | 27249 | | action ID : 2ff35760-b3dd-45cf-8 of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | N | 11 / 03 / 2014 |
| | Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | Preside | lent Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | , , | 1092082.37 | Disbursemen 2014 | nt For: Primary |
| (8 | a) SUBTOTAL of Itemized Independent Expenditures | 3 | | • [| 107.40 |
| (k | b) SUBTOTAL of Unitemized Independent Expenditu | ıres | | · · | |
| (0 | c) TOTAL Independent Expenditures | | | · - | - Agr. Agr. Agr. |
| W | Inder penalty of perjury I certify that the independen vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a | e or authorized | | | |
| | Ms. Emily Buchanan | [Electron | cically Filed] Date | 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | | | | |

| Sc | chedule E) | L /(L.(). | 101120 | | | | PAGE 132 OF 134 FOR SE OF FORM 24/48 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------|--------------------|-----------------------|--------------------------------------------------------|
| | ME OF COMMITTEE (In Full) | | | | | FEC II | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | | С | C00530766 |
| Che | eck if 24-hour report 48-hour report | New repo | ort Am | ends repc | ort filed on | M = M | / D = D / Y = Y = Y |
| T | Full Name of Payee Kaylan N Swanson | | | | Date | M = M | c Distribution/Dissemination |
| - | Mailing Address 633 Scott Dr | | | | Amo | 11 ount | 03 2014 |
| ŀ | City S | State | Zip Code | | $ \Gamma$ | | 90.00 |
| | Gibsonville | NC | 27249 | | | | ID: c9e7003d-8fe8-4eba-9 ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | M 11 | 03 2014 |
| ı | Name of Federal Candidate | | <u> </u> | Support | Office Soug | ıht: | House District:00 |
| | Ms. Kay Hagan | | | Oppose | Presid | · | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 10 | 092082.37 | | Disburseme | ent For: Other (sp | Primary |
| | Full Name of Payee Lance Reichenberger | | | | Date | of Publi | ic Distribution/Dissemination / 03 |
| | Mailing Address 1426 N Glendale | | | | Amo | ount | |
| ľ | City | State | Zip Code | | | | 50.00 |
| | Wichita | KS | 67208 | | | | D : d229495d-c11e-4539-9 ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | 001 |] [| 11 M | 03 2014 |
| | Name of Federal Candidate | | { | Support | Office Soug | ght: | House District: 00 |
| | Mr. Greg Orman | | X | Oppose | Presi | dent | Senate State: KS |
| | Calendar Year-To-Date Per Election for Office Sought | | 248067.91 | 1 | Disburseme 2014 | ent For: Other (sp | Primary X General pecify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures. | | | | | | 140.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | | | 1.4 | |
| (| (c) TOTAL Independent Expenditures | | | | · - | | |
| ٧ | Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag | or authorized | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | e 11 | 05 | 2014 |
| | Signature | | | | | | |

| | FOR SE OF FORM 24/48 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | |
| Women Speak Out PAC | C C00530766 | |
| Check if X 24-hour report 48-hour report New report Amends report filed on | | |
| | ate of Public Distribution/Dissemination | |
| Lance Reichenberger | 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 1426 N Glendale An | nount | |
| City State Zip Code | 9.00 | |
| Wichita KS 67208 Tr | ansaction ID: 4f79504d-3b0e-4aa3-8 ate of Disbursement or Obligation | |
| Purpose of Expenditure Mileage Category/ Type 002 | 11 03 7 2014 | |
| Name of Federal Candidate Support Office So | ught: House District: 00 | |
| Mr. Greg Orman Pre | esident State: KS | |
| Calendar Year-To-Date Per Election for Office Sought Disburser 248067.91 Disburser 2014 | ment For: | |
| Full Name of Payee Carl Brent | ate of Public Distribution/Dissemination | |
| | 11 03 2014 | |
| Mailing Address 6718 Lake Willow Dr | nount | |
| City State Zip Code | 80.00 | |
| | insaction ID: 3bb1acbc-7392-4ebd-8 ate of Disbursement or Obligation | |
| Purpose of Expenditure Salary Category/ Type 001 | 11 03 2014 | |
| Name of Federal Candidate Support Office So | ought: House District: 00 | |
| Ms. Mary L Landrieu Pre | esident State: LA | |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 89.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronically Filed] Date 11 | 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Signature | | |

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OF

| | FOR SE OF FORM 24/48 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | |
| Women Speak Out PAC | C C00530766 | |
| Check if 24-hour report 48-hour report New report | t Amends report filed on M M / D D / Y Y Y Y Y | |
| Full Name of Payee | Date of Public Distribution/Dissemination | |
| Carl Brent | 11 / 03 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | Amount | |
| City State Z | Tip Code 24.00 | |
| 1 · | 70126 Transaction ID : 6b5bcb36-f531-4a78-9 Date of Disbursement or Obligation | |
| Purpose of Expenditure Mileage | Category/ Type 002 11 03 2014 | |
| Name of Federal Candidate | Support Office Sought: House District: 00 | |
| Ms. Mary L Landrieu | Oppose President Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ | |
| Full Name of Payee | Date of Public Distribution/Dissemination | |
| Mailing Address | Amount | |
| City State 2 | Zip Code | |
| | Date of Disbursement or Obligation | |
| Purpose of Expenditure | Category/ Type | |
| Name of Federal Candidate | Support Office Sought: House District: | |
| | Oppose President Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 24.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······································ | |
| (c) TOTAL Independent Expenditures | 11765.93 | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan [Electronic | ally Filed] Date 11 05 2014 | |
| Signature | | |

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